

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

Click on box to enter Board name.

BOARD NAME: Mental Health and Recovery Board of Ashland County

A. Mission, Vision and Values Statements. Please provide the Board’s mission, vision and values statements (see Appendix C for planning terms):

Click on gray box to enter text.

MISSION STATEMENT

The Mental Health and Recovery Board of Ashland County, through a network of providers, ensures the availability and accessibility of quality treatment services for individuals with mental illness and/or alcohol and drug addictions.

VISION STATEMENT

The Mental Health and Recovery Board of Ashland County believes that recovery from behavioral health disorders is possible. The Board strives to contract with agencies that share its vision of recovery and agencies that strive for clinical excellence in the delivery of behavioral healthcare services. The Board believes that “People should not live within service systems but within communities.”

The Mental Health and Recovery Board of Ashland County expects its contract agencies to pay particular attention to the consumers’ learning style and ability, as well as spiritual, cultural, ethnic and language differences.

B. Description of Current State. Provide a brief narrative that describes relevant information about the Board area in response to the items below:

1.0 Population priorities. Please review information in Appendix E about the Board’s existing MACSIS business rules for covered benefits to service populations. To what extent are the existing business rules aligned with current population and service priorities for non-Medicaid expenditures by the Board?

Click on gray box to enter text.

The Board's Business Rules for MACSIS continue to be: "Coinsurance on all non-medicaid except crisis intervention, CPST, and voc/employment."

2.0 Recovery supports. What are some notable achievements and trends for the Board in the area of Recovery supports?

Recovery supports are strategies and services designed to foster empowerment and quality of life for persons with severe mental illness. Best practices include culturally competent services, supported housing, supported employment, consumer operated services, and self help/peer services. Examples of programs include Wellness Management and Recovery, WRAP, Bridges, NAMI Family to Family, Clubhouse. Prevention, consultation, and education (P,C&E) programs that *target persons with severe mental illness* might also be included under the Recovery supports umbrella. An example of a P,C&E

program of this nature is the Network of Care web site. P,C&E programs for the general public, however, should be discussed under that section of the outline.

Best Practices in Recovery: Funding source is often a difference between best practices in Recovery support and best clinical practices, with Recovery supports primarily funded as non-Medicaid-reimbursable services.

Click on gray box to enter text.

Consumer Operated Services: Lifeworx

The Board was please to contract with Lifeworx an ODMH Certified Consumer Operated Program in Fiscal Year 2008. The Lifeworx program assists consumers in completing their own "Wellness Recovery Action Plan." Additionally, either in groups or individually, members are taught how to access and utilize the Network of Care in their recovery efforts. Finally, several members are certified "Bridges Trainers" and Bridges classes are offered.

NAMI Family to Family

The Board has continued to be supportive of the local NAMI chapter. Fiscal Year 2008 saw the local NAMI chapter being invited to have office space with the MHRB. NAMI holds their Advisory & Support meetings at the Board as well as their Family to Family classes. Three Family to Family classes graduated during FY 2008

Network of Care

The Board has continued to highlight the internet based Network of Care to Ashland county. Many of the agencies as well as consumer operated programs access and utilize the site. There were 13,206 unique visitors to the site in FY 2007 alone. The Board continues to focus on ways to effectively and efficiently disseminate behavioral health information to the community and views the Network of Care as an important strategy in those efforts.

Appleseed Community MH Center

Appleseed Community MH Center is the Board's primary provider of Mental Health services. Beginning in FY 2005, the Board has funded and supported the Supported Employment program. Board staff meet regularly with the program manager and the board receives regular reports (including fidelity scores) from the program. In addition to the SE program the Board supports, via funding, Appleseed's efforts in providing Supported Housing to persons with severe and persistent mental illness. The Housing Subsidy and increase in HAP funding provided by the Board are tangible examples of the Boards effort to support these individuals.

2.1 Recovery Supports: Housing

Supported Housing is a specific program model in which a consumer lives in a house or apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing include: housing choice, functional separation of housing from service provision, affordability, integration with persons who do not

have mental illness, right to tenure, service choice, service individualization, and service availability. The Mental Health Housing Leadership Institute operated by NAMI Ohio provides consultation and training.

a. Do you offer **supported housing** service?

Click on gray box to select answer.

Yes	2.1.a
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b. If yes, do you have wait lists for **supported housing**?

Click on gray box to select answer.

Yes	2.1.b
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c. With regard to **supported housing**, which of the following categories comes closest to the average wait time for most consumers? *Please select only one response category.*

Click on gray box to indicate "Yes" with an "X."

10 working days or less	Up to 1 month	1-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	More than One Year	Don't Know /NA	2.1.c
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d. Of all consumers for whom supported housing would be an appropriate service, how many are currently waiting for **supported housing**?

Click on gray box to enter number.

10 Consumers Waiting	2.1.d
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The **Housing Assistance Program** (HAP) provides temporary rental subsidies and no-interest loans to assist persons with severe mental illness and their families with obtaining permanent, safe, decent and affordable rental housing until a permanent subsidy can be obtained (Section 8 voucher), or until a person's income increases sufficiently so that a rental subsidy is not needed, or until person owns their own home.

e. Do you have wait lists for HAP?

Click on gray box to select answer.

No	2.1.e
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f. For most consumers waiting for access to HAP in your area, which of the following categories comes closest to the average wait time? *Please select only one response category.*

Click on gray box to indicate "Yes" with an "X."

10 working days or less	Up to 1 month	1-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	More than One Year	Don't Know /NA	2.1.f
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

g. Of all consumers for whom HAP is appropriate, how many are currently waiting for access?

Click on gray box to enter number.

0 Consumers Waiting	2.1.g
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Public Housing is defined as housing subsidized by the federal government, such as but not limited to Section 8. People on HAP are likely to be on public housing wait lists, but HAP is not public housing.

h. For most consumers waiting for public housing in your area, which of the following categories comes closest to the average wait access time? *Please select only one response category.*

Click on gray box to indicate "Yes" with an "X".

Up to 1 year	1-2 yrs.	3-4 yrs.	5-6 yrs.	7-8 yrs.	9 yrs. or more	Don't Know /NA	2.1.h
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

i. Of all consumers for whom public housing is appropriate, how many are currently waiting for a place to live?

Click on gray box to enter number.

20 Consumers Waiting	2.1.i
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The **Homeless Housing Status National Outcome Measure (NOM)** reported to SAMHSA by ODMH refers to adults, aged 18+ with severe mental illness (SMI), who have identified themselves as homeless on an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a Homeless Housing Status NOM to SAMSHA of **2,879** persons with SMI. Board level data for Ohio's SFY 2007 Homeless Housing Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

k. To what extent are the Board level data reported in Appendix B for homeless adults with SMI an accurate reflection of the number of such individuals served by the Board in SFY 2007?

Click on gray box to enter text.

By design and definition the data is incomplete. Homeless persons seeking/receiving MH services do not necessarily identify themselves as being homeless. One can even make the case that a percentage of persons identifies themselves as homeless when they are not. Defining Homelessness is also a challenge as there are several definitions based on the agency/authority. Homelessness is a community problem that extends far beyond "such individuals served by the Board" It is the opinion of Board staff that the data reflected in Appendix B is lower than the actual number of homeless served by the Board in SFY 2007.

k.a. If the Board does not use Outcomes data to estimate number of homeless persons with SMI, what data source does the Board use to plan for services to this population?

Click on gray box to indicate "Yes" with an "X". Indicate all that apply.

<input type="checkbox"/>	Continuum of Care	2.1.ka
<input type="checkbox"/>	PATH	
<input type="checkbox"/>	BH Mod (Behavioral Health Module)	

<input type="checkbox"/>	HMIS (Homeless Management Information System)	
<input type="checkbox"/>	Other, please specify:	

k.b. If the information in Appendix B is inaccurate, what was the number of homeless persons with SMI served by the Board in SFY 2007?

Click on gray box to enter number.

n/a Homeless persons with SMI	2.1.kb
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k.c. Is there anything else important to know about the current state of housing strategies and services in your Board area?

Click on gray box to enter text.

The Board has historically funded Appleseed's Supportive Housing apartments for repairs, maintenance and upkeep. Typically this funding is \$25,000 per year, but the Board increased this level to \$47,854 (91% increase) in FY 2007.

Following the recommendations of the recently completed Housing Strategy, the Board in FY 08 increased HAP/HOPE funding by 12%. One of the major learnings from the Housing Strategy was that Ashland County did not suffer from a lack of housing options but from a lack of affordable housing options.

Working with NAMI Ohio and The Ohio Mental Health Housing Leadership Institute the Board was able to secure consultative services through Coleman Professional Services to complete: A consumer preference survey (including focus group); A Market and Gap Analysis; The establishment of Housing Outcomes for the next 6 years; and, Completion of a written Local Housing Strategy and Housing Portfolio.

Ashland is fortunate to have a county home. The "Heartland Home" serves an important part of the Board's housing strategy. Approximately 15 persons with mental illness call the facility their home. Staff at the facility work closely with the local mental health agencies to ensure that persons living there who suffer from mental illness are receiving coordinated and effective care. Without the county home there would be an increase in private or State psychiatric bed day utilization.

Appleseed Community Mental Health Center, a contract agency of the Board, implements two housing related grants: Keys to Transition (HUD) and a Homelessness Grant (Ohio Department of Development). These grants help to provide emergency rent, mortgage and utility payments to prevent eviction, foreclosure or utility disconnections to households with incomes at or below 35 percent of the area median income and assist those persons with mental illness secure and/or maintain safe/affordable housing.

The Board actively participates on the County's Continuum of Care. The Continuum selected Jan 30th 2007 as the date for the County's "Point in Time" homelessness count. It has been some years since the last count was completed. Members of the Continuum are hopeful that with more accurate data, our County will be better positioned to secure available funding to assist the homeless in the County.

2.2 Recovery supports: Employment

The **Employment Status NOM** reported to SAMSHA by ODMH refers to adults, aged 18+ with severe mental illness, who have identified themselves as employed full-time or part-time through an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported an Employment Status NOM to SAMSHA of **24,068** persons with SMI. Board level data for Ohio's SFY 2007 Employment Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

- a.** To what extent are Board level data reported in Appendix B for employed adults with SMI an accurate reflection of the number of such individuals served by the Board in SFY 2007?

Click on gray box to enter text.

The Board does not use another method to estimate the number of employed persons with SMI so the number reflected in Appendix B (294) is seen as the most accurate at this time.
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- a.a.** If the Board does not use Outcomes data to estimate the number of employed persons with SMI, what data source does the Board use to plan for services?

Click on gray box to enter text.

N/A

2.2.aa

- a.b.** If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

Click on gray box to enter number.

n/a Employed persons with SMI

2.2.ab

- b.** Please describe existing activities related to helping consumers identify, determine, or achieve their employment goals. The continuum of activities may include referral to the Rehabilitation Services Commission (RSC), service planning and coordination through CPST, vocational counseling service, supported employment programs, agency employment of peer support specialists, or any other Board strategies aimed at helping consumers achieve employment goals.

Click on gray box to enter text.

The Board supports a Supported Employment Program in the County. The program works closely with BVR/RSC with Board staff participating in regular meetings between the agency, CCOE for SE and RSC. The program works closely with CPST services at the agency to increase the # of SMI consumers who are successful in their employment goals. Recently, the Board has been developing Supported Education options as another way to support consumers employment goals. Working with local schools and universities as well as the Board funded consumer operated program, discussions and planning continue in FY 09. To date, consumers participating in the planning have indicated the need for an on campus support group that they could access. For both Employment and Education the Board supports recovery-oriented services that includes supporting the employment and educative goals of persons with mental illness.
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3.0 Resilience supports. What are some notable achievements and trends for the Board in the area of resilience supports?

Resilience supports include strategies for school success, early childhood intervention, transitional living, system of care coordination, wraparound, mentoring, family support and education, and family advocacy. Examples of programs and activities in these areas include Network for School Success, ABC, FAST, Incredible Years, Big Brothers/Big Sisters, Triple P, Family Advocates, NAMI Hand to Hand. Funding source is the major difference between best practices in Resilience support and best clinical practices, with the Resilience support primarily funded as non-Medicaid reimbursable services.

There is overlap between Resilience Supports and Prevention, Consultation, and Education (P,C&E). Boards can discuss programs such as BB/BS, Triple P, Family Advocates, Early Childhood Screening, etc., as a Resilience Support or under the narrative for Section 10: P,C&E.

Click on gray box to enter text.

School-Community Liaison Program:

One of the Boards most effective programs impacting youth & adolescents is the School-Community Liaison Program. Funded almost exclusively with local mental health levy dollars this innovative program has achieved substantial outcomes. The program is made up of nine liaisons and one full time program manager. The program operates in each county school district at no cost to the school, youth or parents. In FY 2007, 1752 students (unduplicated) were served by the program. The liaisons made 1921 referrals to community agencies and in 93% of those referrals the youth/family followed through. Of the 1752 students served, 83% demonstrated academic improvement with grades and homework completion, 84% demonstrated increased/improved attendance and 88% decreased problematic behaviors and/or visits to the principals office.

Incredible Years:

Incredible years is a parent education program that Ashland County has been operating for several years. Funding has been primarily through ODMH. Short term objectives for parents are to improve communication skills with their children, improve limit-setting skills by means of nonviolent discipline techniques, improve their own problem-solving skills, and learn effective methods of anger management. For children, short term objectives include reduction of the frequency and number of conduct problems and improvement of prosocial skills.;

Access to Better Care (FAST):

The Access to Better Care initiative has allowed the board to both develop/enhance needed infrastructure to support evidence based practices for youth/families, and fund non-traditional services/interventions via FAST funding. In FY 08 the Board in collaboration with the Family Children and First Council were able to hire and provide Wraparound Services. Without funding through the ABC initiative, this may not have been possible.

Early Childhood Mental Health:

Early Childhood Consultative, Screening and Treatment Services are also supported by the Board in Ashland county. Ashland County has had the distinction of being one of the early pilot counties for the ECMH initiative. The majority of funding for this initiative is through ODMH via ECMH grant funding. Additionally and where appropriate the providing agency bills to Medicaid.

3.1 Resilience supports: School Suspension and Expulsion NOM

The **School Suspension and Expulsion NOM** reported to SAMSHA by ODMH refers to children and adolescents, aged 18 or less, with serious emotional disturbance (SED), who have been identified as having been suspended or expelled from school through administration of a survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a School Suspension and Expulsion NOM to SAMSHA of **8,187** persons with SED. Board level data for Ohio’s SFY 2007 School Suspension and Expulsion NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

- a. To what extent Board-level data reported in Appendix B for school attendance an accurate reflection of the number of such individuals served by the Board in SFY 2007?

Click on gray box to enter text.

The data in Appendix B (24) for Ashland County is the most accurate number available at present.

- a.a. If the Board does not use Outcomes data to estimate school suspensions and expulsions among children and adolescents with SED served in your area, what data source does the Board use to plan for services that support school success?

Click on gray box to enter text.

N/A **3.1.aa**

- a.b. If the information in Appendix B is inaccurate, what was the number of persons with SED served by the Board in SFY 2007 who were suspended or expelled?

Click on gray box to enter number.

n/a **3.1.ab**

4. Inpatient Care

Please complete the table below for the past two fiscal years. *See Appendix F for past Board purchased state hospital bed days and admissions. These data are included to help complete the public portion of this table.*

a. Inpatient Care

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	439	369	26	34	
Private Psychiatric Hospitals: Adults	0	0	53	57	
Private Psychiatric Hospitals: C&A	0	0	4	14	

- b.a. Please describe how the provision of Board purchased inpatient care occurs in your Board area. What is the nature of the relationship between the Board and private hospitals?

Click on gray box to enter text.

<p>The Board has no formal relationship with private psychiatric hospitals. Persons in crisis who do not require a State Psychiatric Hospital level of care, are diverted to less intense levels of care including Hospitals with Psychiatric Units or Floors (Barberton Citizens and Med-Central Mansfield primarily); this arrangement of General Hospitals with Psychiatric floors/units has been designated by some as constituting a "Private Psychiatric Hospital" The Board has not historically tracked the bed days for private psychiatric hospitals.</p>	4.ba
<p>With regard to the purchasing of State Psychiatric Inpatient care; each year the Board analyses the trends and patterns in the county around the needs for State Psychiatric Care and works with local providers to determine the number of State Psychiatric Bed Days that will be need to be purchased.</p>	

b.b. Do you have a continuity of care agreement with your designated state hospital?

Click on gray box to select answer

No	4.bb
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5. Residential Treatment Centers (RTCs).

a. During SFY 2007, how many children and adolescents (C&A) from the Board area were funded for mental health services while living in a residential treatment facility?

Click on gray box to enter number.

18 C&A Consumers in SFY 2007	5.a
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b. How many children and adolescents from the Board area were placed in RTCs located outside of your service area in a 12-month period?

Click on gray box to enter number.

18C&A Consumers place out of county in SFY 07	5.b
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c. How many of the C&A consumers identified above involved Board participation in the placement decision?

Click on gray box to enter number.

0 Out of county placements involved the Board	5.c
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d. For SFY 2007, how would you describe the local trend in placements at Residential Treatment Centers? *Please select only one answer.*

Click on gray box to indicate "Yes" with an "X."

Use is increasing	Use is about the same	Use is decreasing	5.d
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

e. How does the Board understand the trend in RTC placements indicated above?

Click on gray box to enter text.

<p>The Board is not currently consulted regarding the placement of youth outside the county in RTCs. Typically, if a youth is placed out of the county by either juvenile court or local Job & Family Services (Children Services), the Board becomes aware when bills for behavioral health services start to arrive at the Board for payment. Therefore our understanding in the trend in RTC placements is not comprehensive. From the Board's perspective we believe an increased use in therapeutic foster care/foster care might be used to reduce out of home/county placements. Additionally, better coordination and collaboration between JFS (Children Services), Juvenile Court, Family and Children First Council, Agencies and the Board could lead to improved service coordination and a reduction in out of home/county placements.</p>	<p>5.e</p>
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6. Crisis/Emergency Care.

a. 1. Access & Capacity. For each of the following emergency services that are available in the Board area, please indicate “Yes” with an “X.”

Click on gray box to indicate “Yes” with an “X.”

Service Area	Service Available?	6.a.1
24/7 Hotline	<input checked="" type="checkbox"/>	
Warm Line	<input type="checkbox"/>	
Adult Consumers		
24/7 On-Call Staffing by Psychiatrists	<input type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input type="checkbox"/>	
Crisis Care Facility	<input type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input checked="" type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
Child & Adolescent Consumers		
24/7 On-Call Staffing by Psychiatrists	<input type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input type="checkbox"/>	
Crisis Care Facility	<input type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input checked="" type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):		

a.2. Crisis Bed Days. If the Board contracts for crisis beds, please indicate utilization for Adults and Children & Adolescents in SFY 2006 and SFY 2007:

Click on gray box to enter number.

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	6.a.2
Adults	0	0	
Children & Adolescents	0	0	

b. Discuss achievements and trends in crisis care services that have been areas of focus for the Board.

Click on gray box to enter text.

The Board has particularly focused on reducing the number of Board Purchased State Psychiatric Hospital (Heartland Behavioral Healthcare) bed days. The Board has successfully partnered with local contract agencies and Heartland staff to reduce purchased bed days by 74% from FY 2001 to FY 2007. Ashland county has benefited by this reduction as more dollars are now available for local services. One of the Board's key strategies in this reduction was making available "state hospital diversion funds" which could be used flexibly by the gatekeeping agency to avoid hospitalizations.

c. Crisis and Emergency Initiatives. Briefly describe achievements and trends in the following areas:

1. Police Coordination/CIT

Click on gray box to enter text.

The Board is happy to report that it facilitated the first County-wide CIT training the week of November 5th 2007. 17 participants representing local police, hospital security, parole and probation officers, State Park Rangers and Ashland University security were represented. Feedback from the training was positive and the Board hopes to continue CIT training on an annual basis.

2. Disaster Preparedness

Click on gray box to enter text.

A behavioral disaster response plan for Ashland County has been developed and adopted.

A behavioral health disaster response team of 45 volunteers has been established.

Training (by an ODMH approved trainer) was provided to the team in 2005 and 2007; the training will continue to be provided every other year.

The board is an active member of the Ashland County Emergency Planning Committee.

The board has participated in 3 disaster preparedness exercises, including a full scale exercise in June 2006. The board was an active member of the planning committee for the full-scale exercise.

As part of the Heartland Collaborative, the board has an MOU with other boards in the region as well as the state hospital (Heartland Behavioral Health Center) for mutual aid in the event of as disaster.

What are your estimates of staff for the following areas?

Click on gray box to enter number.

	Local Disaster Response	Statewide Disaster Response	6.c.2
Trained	45	45	
Currently Available	45	30	

3. School Response, including prevention, consultation and education:

- a. Universities & Colleges
- b. Secondary and Primary Schools

Click on gray box to enter text.

a. Universities and colleges

- The MHRB has established a strong working relationship with Ashland University (AU)
- The MHRB has an agreement with AU to provide assistance and support the university faculty, staff and students in the event of a disaster
- AU security staff completed CIT training in Nov. 2007
- AU personnel are members of the boards disaster response and youth crisis response teams

b. Secondary and Primary Schools

- The MHRB has established a strong working relationship with local school districts
- The MHRB administers a Youth Crisis Response Team comprised of volunteers who have received specialized training; the team includes school –mental health liaisons, school personnel and mental health professionals
- The next 2-day training for the Youth Crisis Response Team is scheduled for January 2008
- The board funds a liaison program that includes 10 mental health workers who provide services on-site at the schools; the liaisons are all active members of the Youth Crisis Response Team
- The board provides a annual school-community breakfast designed to keep everyone engaged and updated regarding school-community mental health services, including disaster response and the Youth Crisis Response Team

7. Outpatient Services.

a. Intensive Care. For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days(wd) adult consumers wait for admission. The forms below allow you to report wait times for up to three providers of a service or program.

Please use the “Snap Shot in Time” Methodology for determining Wait Times. During the month of January, ask providers to answer the following question: “Assuming the individual is not in crisis, how many days from today can you schedule an appointment for the following service?”

a.1. Adult Intensive Care

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to three providers of a service or program.

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.1
ACT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type II	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive Pharm. Mgt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

a.2. Which intensive outpatient services for adults have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that are a current area of focus.

Click on gray box to enter text.

Focus of the Board:

Of the five service areas listed above, Intensive Pharm. Mgt and CPST would be considered a "focus for the Board."

Access - The Board in collaboration with the agency is attempting to reduce the wait time for Intensive Pharm. Mgt. services. The agency has recently hired a child psychiatrist to fill an open position. It is hoped that this will, in part, impact wait times. The Board is supportive of the wait times for Intensive CPST.

Capacity - Maintaining appropriate caseload's for these intensive services creates challenges to Access as well as staffing. The agency is not currently positioned to expand Pharm. Mgt staffing to meet capacity in such a way to reduce wait times to less than 11wd.

Quality Improvement Achievements - The agency has had success with these intensive outpatient services as evidenced by the steady reduction in crisis-oriented services (local/State Hospital usage). Substantial cost savings due to these successes has allowed the Board to redirect those savings into community based services including intensive outpatient services.

Trends - The need for intensive outpatient services is increasing locally, but the Board recognizes that it must, by fiscal realities, limit intensive outpatient services to those outlined above. The County would suffer fiscally and programmatically if PH or ACT programs were added as intensive outpatient service options. Several examples of this exist in other Counties throughout the State (i.e., Ashtabula County.)

Triage System:

A triage system is only used for non-emergency/crisis Pharmacological Management services and non-emergency/crisis Diagnostic Assessment services. The provider agency that triages these services meets monthly with Board staff to discuss the system, its effectiveness and any changes needed to ensure the safety of persons served.

a.3. Child & Adolescent Intensive Care

Click on gray box to indicate "Yes" with an "X." Additional rows of wait time allow you to report known wait lengths for up to three providers of a service or program.

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.3
IHBT / MST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I (Time limited)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Prgm. Type II (School-based)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Prgm.Type III	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Therapeutic Pre-School (PH)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Functional Family Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a.4. Which intensive outpatient services for children and adolescents have been area(s) of focus in the Board’s current planning? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that are a current are of focus.

Click on gray box to enter text.

Focus of the Board:

IHBT. Ashland County was recently awarded an ODMH grant to enhance and expand IHBT services beginning January 2008.

Access - Currently access to the program is 16 to 20 working days

Capacity - Trying to maintain high fidelity standards limits capacity at approximately 20 youth.

Quality Improvement Achievements - The employment of experienced counselor's and CPST staff have benefited the program. Additionally, ongoing programmatic support from the Center for Innovative Practices (CIP/Rick Shepler) has allowed the program to improve its fidelity to the IHBT Standards.

Trends - The trends have been towards greater utilization in the community. With the ODMH award, Ashland County will be able to expand and enhance the program to meet the increasing need.

Intensive CPST. For youth with Serious Emotional Disturbances, Intensive CPST can have a beneficial effect.

Access - Currently access to Intensive CPST services is up to 10 working days.

Capacity - Approximately 60 persons at a time can benefit from Intensive CPST services.

Quality Improvement Achievements - Ongoing training, particularly in the area of Motivational Interviewing, have helped CPST workers be more effective in working with persons served.

Trends - The need for Intensive CPST was consistent (steady) during FY 2007.

Wraparound. In collaboration with the Family and Children First Council, the Board has worked to bring this process to Ashland County.

Access - Currently access is within 5 working days.

Capacity - One full-time Wraparound Coordinator is currently employed limiting capacity to approximately 15 youth and their families.

Quality Improvement Achievements - In order to maintain a high fidelity Wraparound process; Supervision to the program was secured from an independently licensed clinician with years of Wraparound experience. Supervision to the program and coordinator occurs regularly.

Trends - It is anticipated that the trend will be towards a greater need than resources. Additional trends would include a reduction in the number of youth requiring out of home/county placements due to behavioral health concerns and a reduction in the number of custody relinquishments due solely to the issue of the family not being able to access needed behavioral health services.

Triage System:

A triage system is NOT used for Child & Adolescent Intensive Care.

b. Routine Outpatient Care. For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days adult consumers wait for admission. The forms below allow you to report wait times for up to four providers of a service or program.

Please use the “Snap Shot in Time” Methodology for determining Wait Times. During the month of January, ask providers to answer the following question: “Assuming the individual is not in crisis, how many days from today can you schedule an appointment for the following service?”

b.1. Adult Routine Outpatient Care

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to four providers of a service or program.

Service	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.1
Diagnostic Assessment -- Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/ Psychotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

b.2. Which routine outpatient services for adults have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that have been an area of focus.

Click on gray box to enter text.

All routine outpatient services for adults are of an equal focus for the Board.

Triage System:

A triage system is NOT used for Adult Routine Outpatient Care.

b.3. Child & Adolescent Routine Outpatient Care

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to four providers of a service or program.

Click on gray box to enter text.

Service	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.3
Diagnostic Assessment -- Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/Psychotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

b.4. Which routine outpatient services for children have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that have been an area of focus.

Click on gray box to enter text.

All routine outpatient services for Children and Adolescents are of an equal focus for the Board.

Triage System:

A triage system is NOT used for Adult Routine Child & Adolescent services.

c. Best Clinical Practices. (See Appendix C for definition and examples.) What, if any, Best Clinical Practices for Adults and/or Children and Adolescents have been area(s) of focus for the Board? Briefly discuss achievements and trends in these areas.

Click on gray box to enter text.

CHILDREN & ADOLESCENTS:

Early Childhood Mental Health

- Achievements; Program has been able to expand consultative efforts into more of the preschools and Headstart programs in the County.
- Trends; Increased need for Cross-system and Parent consultation and training

Intensive Home Based Services

- Achievements; Program recently received a funding boost by securing grant dollars from the Department of Mental Health to enhance the program.
- Trends; Need is greater than resources available.

ADULTS:

Supported Employment

- Achievements; Able to increase the number of persons with severe mental illness that are competitively employed over previous years' numbers. Implementing agency has improved relationship with BVR and has solidified the Steering Committee.
- Trends; SE staff are being utilized more by BVR to be a vendor to them for Job Coaching, Job Development and Job Shadowing.

Integrated Dual Disorder Treatment

- Achievements; Successfully hired an experienced IDDT Team Leader with sound background in Motivational Interviewing
- Trends; Fidelity scores showed a decline in the recent review, renewed focus needed to increase faithfulness to the model.

8. Staff Capacity & Workforce Development.

a. How many of the following staff positions for adults were budgeted (047) in the Board area during SFY 2007?

Click on gray boxes to enter number of FTEs.

Pharm. Management Practitioner FTEs:*	2.00	8.a
CPST FTEs:	5.25	
Counselor/Therapist FTEs:	3.85	

*Includes Advanced Nurse Practitioners with prescriptive authority.

b. How many of the following positions for child and adolescent consumers were budgeted (047) in the Board area during SFY 2007?

Click on gray boxes to enter number of FTEs.

Pharm. Management Practitioner FTEs:*	1.57	8.b
CPST FTEs:	5.25	
Counselor/Therapist FTEs:	3.85	

*Includes Advanced Nurse Practitioners with prescriptive authority.

c. Please describe any areas of focus for the Board regarding **workforce development**. For help with framing a response on this topic, Boards are encouraged to review Appendix G: *An Action Plan for Behavior Health Workforce Development* from the Annapolis Coalition.

Click on gray box to enter text.

Please refer to Sections:

- 8.a.1 "Broadening the Concept of Workforce" and
- 8.a.2 "Strengthening the Workforce"

with additional related strategies discussed in:

- 11.b "Staff Recruitment" and
- 11.c "Staff Training"

9. Inter-system Collaboration

a. Discuss achievements and trends in the following areas.

1. Adult Justice/Court Coordination, Recidivism and Diversion.

Click on gray box to enter text.

The Board, through a contract agency, provides assessment, crisis and CPST services at the jail. The focus of these efforts is around providing appropriate mental health care to persons in the local jail. With appropriate diagnosis and referral services, recidivism due to mental health can be impacted. Crisis Intervention Team training was conducted for the first time in FY 2008. The Board hopes to build on the team collaboration established.

2. Juvenile Justice/Court Coordination, Recidivism and Diversion.

Click on gray box to enter text.

The Board participates with other local agencies in the Family and Children First Council "Family Support Team" Juvenile Justice/Court personnel are also present to collaborate and coordinate mental health care and services for at risk youth. Through the Family Support Team appropriate youth are diverted from Juvenile Justice into other services/programs.

b. Have any of the following areas been a focus for the Board? Discuss achievements and trends in those areas, if applicable.

1. Jails

Click on gray box to enter text.

Not a focus of the Board beyond what is described above in 9a.1

2. Detention Centers

Click on gray box to enter text.

Some focus is given to the Detention Center as the Board funds P,C & E activities there. Anger Management groups and referral/consultative services predominate.

2. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

The Board is actively involved in the counties Continuum of Care called "The Homeless Coalition" Ashland County doesn't currently have a "Homeless Shelter." The Board's largest Mental Health provider agency operates the county's only Domestic Violence shelter, the Board doesn't fund this program but is supportive of the agencies efforts in running the shelter.

3. Nursing Homes

Click on gray box to enter text.

Nursing Homes are an emerging partner as the Board works to strengthen its resources around Older Adults with mental health concerns. Nursing Homes are an active member in the "Older Adults Behavioral Health Coalition" established by the Board and District V Area Agency on Aging. The

first major effort developed with the Nursing Homes has been the roll out of the "Vial of Life" program. Vial of Life activities are scheduled to continue in FY 2009 and beyond as our county continues to age and the need for mental health services increases for this population.

4. Prison Reentry

Click on gray box to enter text.

This is not currently a focus of the Board.

6. Physical/Mental Health Integration (Specify whether adult and/or child & adolescent.)

Click on gray box to enter text.

This is an emerging focus for the Board. Board staff have attended recent State-wide trainings on the importance of Physical/Mental Health Integration. A formal needs assessment and planning process has not yet occurred however initial meetings with the local hospital and health department have begun.

10. Prevention, Education & Consultation (P,C&E). Discuss achievements and trends in the following areas:

- a. Suicide Prevention
- b. Any local or state P,C&E services of relevance to the Board.

Click on gray box to enter text.

The following is a listing of Board achievements in the area of Suicide Prevention in FY 2007/08:

- October 3, 2006 Compassion Fatigue (15 in attendance)
- October 11, 2006 Fierce Goodbye-Living in the Shadow of Suicide
- May 3, 2007 Alternative School – Suicide Pre and Post vention training by Angie Messner, Suicide Grievors Support Facilitor (40 in attendace)
- May 4, 2007 WNCO Radio talking about Suicide Prevention
- Suicide Grievors Support Group meets the second Wed. of each month from 6:00 – 7:30 p.m. (since established in 2004)
- June 22, 2007 QPR training session to certify 5 Board/Agency to do QPR training.
- July 31, 2007 QPR training to the school/community liaisons (9 in attendance)
- Sept. 27, 2007 First Responders Vendor Fair – Appleseed adressed first responders and distributed information about QPR and CITWe fund a bunch of this and I will give more details as time allows.

Trend - The Board anticipates a continued/increased need for these activities in FY 09.

The following is a listing of Board achievements in Education and Consultation in FY 07/08:

- Aug. 25, 2006 "Social Action on Display" by Steve Stone
- Aug. 30, 2006 How to cope with depression and Anxiety by Jerry Strausbaugh at Appleseed for Hospice of North Central Ohio

- October 17, 2006 Trinity Health & Wellness Fair
- Nov. 8, 2006 Luncheon with Lt. Woody to introduce CIT to Ashalnd
- April 12, 2006 AU Health & Wellness Fair (over 200 in attendance)
- May 24, 2007 Senior Health Fair
- Aug. 16, 2007 "Working with Challenging Youth" at Hillsdale Middle School by David Ross, MHRB/Appleseed (20 in attendance)

- Oct. 9, 2007 Casemanger recognition by NAMI (25 in attendance)

- Oct. 9, 2007 Community Forum on “Elderly Depression” MHRB/Appleseed
- Oct. 13, 2007 NAMI awareness walk
- Oct. 12, 2007 participation at Senior Community Fair
- Oct. 15, 2007 Speaking engagement to EMT’s on “Aging in America” by Jerry Strausbaugh at Appleseed on behalf on the Older Adult Behavioral Health Coalition (25 in attendance)

- Superintendent’s Breakfast to discuss roles of school liaisons by MHRB/Appleseed (47 in attendance)
- Jan. 19, 2008 Teacher’s Soroity by Steve Stone at MHRB about the Board and it’s role (20 in attendance)

Trend - The Board anticipates increased desire from the community for these activities in FY 09.

The Board funded 98 units (hours) of Consultation and Education by contract agencies during FY 2007.

Trend - Consistent trends projected for FY 08 and FY 09.

11. Cultural Competency: *Discuss achievements and trends in any of the following areas:*

- a. Consumer satisfaction with services and staff
- b. Staff recruitment
- c. Staff training.
- d. Addressing disparities for cultural groups in access and outcomes
- e. Other

Click on gray box to enter text.

The Board conducts a robust annual satisfaction survey of its contract agencies. The sample sizes are representative and the results meaningful for ongoing needs assessment, quality assurance and planning. A summary of the results from FY 2007 are included as well as the trends over the last few fiscal years.

Consumer Satisfaction - Fiscal Year 2007

Satisfaction Survey Results

The Mental Health and Recovery Board of Ashland County administered a satisfaction survey over a period of two weeks in July to consumers/family members of its contract agencies (Appleseed Community Mental Health Center, Catholic Charities Services & ACCADA). The survey asked the following nine (9) questions:

1. Were appointments made at times convenient for you?

2. Were appointments canceled or rescheduled by our staff on short notice?
 - 2.5 If yes to Question 2 above, were you satisfied with the way appointments were rescheduled?

3. Were the services provided to you what you needed?

4. Were you satisfied with the extent that factors such as your lifestyle, cultural values, and ethnicity are included in your treatment plan?
5. Would you recommend our services to others?
6. Overall were you satisfied with the services you received?
7. Were you told how to access services in case of an emergency?
8. Were you told who to contact if you had a concern, complaint or grievance?

Discussion:

This year's survey was similar to previous versions and allowed the respondent the following response choices: Strongly Disagree, Disagree, Agree and Strongly Agree. This format called a matrix format has some advantages, particularly regarding ease of use, that were desirable. As in previous years, the survey included an open-ended section where respondents were free to include any and all suggestions that had for improving the programs offered and/or received. Question 2.5 was added this year to help give additional clarity to Question 2 around cancellation/rescheduling of appointments.

With the exception of Questions 8, respondents were highly satisfied (>90%) with the services provided. Question 8 has consistently suggested the need for periodic reminders by agency staff of client rights and/or grievance process.

Question 2 was clarified more fully this year with the addition of question 2.5. The results indicate that when cancellations and/or rescheduling of appointments are necessary, most respondents (90%) were satisfied with that process.

Next Steps:

Copies of the survey results will be distributed and discussed at the next Director's meeting, scheduled for October 15, 2007.

Four Year Results:

Discussion:

A review of Satisfaction Results over a four year period indicate improvements in several areas.
Question's 4, 6, and 7 have show improvement
Question's 3, 5, and 8 have remained stable or shown some decrease.
Question 1 has shown a gradual decline.

Question 2.5 (not shown above) was added to provide more substance to Question 2. The results indicate that when cancellations and/or rescheduling are necessary most respondents (90%) were satisfied with that process.

*Please note that beginning with the FY 2005 Survey, questions 4 and 7 were modified slightly to clarify intent.

Next Steps:

- Copies of the survey results will be distributed and discussed at the next Director's meeting, scheduled for October 15, 2007.
- Recognition of strengths and areas of challenge will be discussed

12. Other: Please use this area to discuss achievements and trends and other current state issues of concern to the Board.

Click on gray box to enter text.

Other Achievements:

The Board would also like to make mention of its effective working relationships with provider agencies. The Board believes that consumers of services are the beneficiaries of strong relationships between Boards and agencies. Given the changing nature of Federal/State funding, it is the good working relationships and established trust between Board and agencies that will allow for informed and often difficult decisions to be made.

Other Trends:

The Board is particularly interested in the emerging trends in the following areas:

-The rise in the diagnosis & treatment (via psychopharmacology) of youth:

Limited data indicate that youth of an increasingly younger age are being diagnosed with mental illnesses once thought to be impossible/impractical to diagnose in years past. Additionally, "off-label" prescribing to youth and adolescents continues with uncertain long-term effects to the youth and society. An emphasis on "medication first" versus "counseling first" as a way to treat youth with mental illness has increased mirroring the trend in the adult population.

-The rise of Trauma and Post-Traumatic Stress Disorders:

Board staff was able to gather data around the provision of CPST services for persons with Non-SMD/SED diagnoses. It was interesting to note that one of the most common diagnosis in this category was that of Trauma/Post-Traumatic stress. It would appear that as the knowledge of trauma-informed care continues to grow, clinicians are more apt to ask questions, and provide treatment, for trauma.

Other State issues:

-The Medicaid Vulnerability:

As the Department is well aware the lack of necessary tools for Boards continues to impede its efforts to appropriately manage Medicaid for Behavioral Health. The unintended consequences of Ohio's interpretation of "any willing provider" are many and significant not the least of which are agencies with non-medicaid contracts with Boards. It is hoped that the Board's continued expressed desire for necessary Medicaid management tools is not interpreted as a desire by Boards NOT to manage but to be ABLE to manage.

Implementing EBPs in Ohio:

-The Board has long been a proponent of implementing evidence based practices in an effort to provide treatment that works for persons with mental illness. Unfortunately existing funding structures (Medicaid) and regulatory guidelines (Medicaid) make the implementation of EBPs a challenge. The Board would like to support any of the Departments efforts to address these challenges and recognizes the temporary solutions afforded by grant funding for initial startup/implmentation.

C. Needs Assessment.

Describe the processes the board used to determine its current needs in crisis care, clinical services, recovery, resilience, prevention, consultation and education services. Include any data sources and types, methodology, time frames, stakeholders, collaborative partners and methods of prioritizing. Examples of needs assessment processes include, but are not limited to: surveys, focus groups, expert panels, key informants, penetration rates, demographic and social indicators. The board must employ at least one of the above approaches and at least one approach that involves consumer participation.

Click on gray box to enter text.

See Attachment I: Community Plan Needs Assessment Supporting Table (for complete details)		
Service	Processes the Board used to Determine its current needs	Name of Process
Crisis Care	1. Survey	1a. Community Health Service Assessment of FY 07/08 1b. Board Annual Sat Survey
	2. Key Informant	2a. Agency-Board MM Meetings, Samaritan Hospital, HBH & Law Enforcement Mtngs
	3. Demographic & Social Indicators	3a. PCS data, Bed Day Utilization, Diversion Reports, Hotline Reports, Crisis Utilization Reports, Review of Prescreens, Review of Admissions and Discharges, etc
Clinical Services	1. Survey	1a. Community Health Service Assessment of FY 07/08 1b. Board Annual Sat Survey
	2. Key Informant	2a. Agency-Board Management Meetings
Recovery -Lifeworx -Family to Family -Supported Empl -Supported Housing	1. Survey	1a. Community Health Service Assessment of FY 07/08 1b. Board Annual Sat Survey
	2. Key Informant	1c. Housing Strategy 2a. Agency-Board Management Meetings

Resilience -School Liaison -ABC -FAST -ECMH -Incredible Years	1. Survey 2. Key Informant	1a. Community Health Service Assessment of FY 07/08 1b. Board Annual Sat Survey 1c. FAST Requests and Follow-up Form 2a. Agencies, Schools, FCFC, Partner agencies
Prevention, Consultation & Education	1. Survey 2. Key Informant	1a. Community Health Service Assessment of FY 07/08 1b. Board Annual Sat Survey 1c. Levy Survey of Community Attitudes/Needs 2a. Community Stakeholder Meetings, Consumer Feedback

Rationale for using these processes:

- The Board chose to utilize the recently completed Community Health Service Assessment as issues related to mental health were clearly a part of the assessment and consumer participation was the method whereby data was obtained. Additionally, Board staff were involved in the planning and on-going evaluation, discussion and dissemination efforts of the assessment to the greater community.
- The Board regularly administers an “Annual Satisfaction Survey” in order to hear directly from consumers as to their level and type of needs as well as to what extent those needs are being met.
- The Board has established regular Board Staff & Contract Agency Management Meetings where information is exchanged that covers the entire range of planning, funding, administering and evaluating mental health services. The Board sees this Key Informant process as a critical one in its ongoing efforts to be responsive to community needs.
- The Board, along with its partner agencies, have developed multiple reports based on consumer demographic, diagnosis, service utilization and service cost. These reports are utilized in assessing consumer need, particularly in the area of Crisis Services.
- The Boards Housing Strategy drew directly on consumers via survey and community members via Focus Group to assist in determining what needs and resources the County has around Housing for persons with behavioral health concerns.
- Prior to the Board pursuing a renewal of the local mental health levy, a survey of the community at large was conducted to gauge attitudes, needs and understanding as they related to behavioral health. This assessment helped the Board plan for what P, C & E opportunities existed in the county based on the respondents survey feedback.

D. Community Plan for SFY 2008. (Desired State)

Please refer to “Planning Terms” in Appendix C.

1. Planning Processes. Describe the process utilized by the Board to determine its priorities for SFY 2009. How did the Board decide the most important areas in which to invest their resources?

Click on gray box to enter text.

The major function of planning is to identify needs and define priorities so that the available resources can be allocated for the achievement of established goals and targets. The Boards planning process aims to direct resources to meet identified needs and to optimize the impact made by them. Below is a description of the Planning Process "Frame" and the Process itself.

-PLANNING PROCESS FRAME:

In the course of planning the following issues may be encountered. They all have a bearing on the quality of care. Consequently, quality improvement is considered when they are being addressed.

Balance between Access and Quality:

Board members confronted by limited resources have to decide whether to provide current service recipients with better services or use the resources to serve more people. In this environment the context of mental health care has an impact on quality. For example, EBP fidelity standards may be difficult to maintain in situations of high service demand and minimal resources.

Quality for whom?

Board members decide whether resources should be allocated on a priority basis to persons with severe mental disorders/severe emotional disorders or to the general population; to children, adults or the elderly; or to specific geographical regions.

Quality at what level?

Board members make provisions for both the quality of direct services and the indirect costs implied in quality management systems, information systems and other administrative processes

Quality for which services?

Acceptable levels of quality can be defined for different types of services. For example, resources can be allocated to enhance quality in hospital settings, or the same resources can be used to improve and expand services of good quality in the community. In this sense, quality depends on the level of service organization.

Quality for today or tomorrow?

Resources can be allocated to develop mental health training programs for the health care workforce of the future (Recovery) or special programs can be implemented to improve the skills of the existing workforce (IDDT). Quality can therefore inform planning by providing a

knowledge base for evidence based practice.

Planning thus becomes planning for quality since it is partly based on the evidence base that exists for effective services and the funding of programs.

-PLANNING PROCESS:

The Boards planning process cannot be entirely separated from its process to determine community needs. Indeed it is often the case that the same process helps both to establish need /level of need and inform the planning process by guiding which services receive priority in order to meet identified needs.

The Board is constantly in a state of monitoring, administering, evaluating, funding and planning for mental health services. The process(es) used to determine priorities includes the following:

1. Regular meetings with contract agency management team members;
2. Regular meetings with community partners including, but not limited to, Juvenile Court, Department of Job & Family Services, Schools, Council on Aging, Salvation Army, Service Clubs (Rotary, etc.), Chamber of Commerce, County Commissioners, City Officials, University Officials, Police and Sheriff Representatives, Hospital Representatives, Individuals and Families, Municipal Court, Prosecutors Office; United Way, Ashland Community Foundation and "Gang of Four"
3. Analysis of Needs Assessments conducted;
4. Extent to which identified needs are consistent with the Boards Strategic Plan. The Strategic Plan acts as a guide or roadmap for Board members to set priorities and make decisions;
5. In answer to the question above, "How did the Board decide the most important areas in which to invest their resources" the Board, consulted first with it's mission and vision statements as well as with Ohio Revised Code 340.03, 340.09, 5119.62 and related sections of the Ohio Administrative Code. The Board decided what was important by a careful analysis of what a Board is responsible to do and make available. For instance, the Board's analysis of ORC, its Strategic Plan and Vision and Mission statements indicated that Crisis Services are among the most important services that a Board funds in the county. This same analysis concluded that Habilitative services are not (or a very low) of importance as they are not reflective of the Boards mission/vision and intent. Additionally, the Board considers the information it receives from other sources in the community (#1 and #2 above) as to what they think are the "most important services." The Board recognizes that funding levels will probably never exist to meet the level of need that exists, so the Board constantly strives through communication, collaboration, needs assessment, outcomes information, effectiveness and efficiency measures to determine what is "most important" within the limited funding available;
6. The Boards "Planning Committee" is an active process whereby needs, possible solutions and planning are discussed on a monthly basis. As indicated in "3" above; the Planning Committee refer back to the Boards Strategic Plan as a way to frame the planning and decision making process; and utilize data gathered via the Board's Outcomes process to get a sense of the effectiveness of funded services.

2. Recovery Supports. Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for housing, employment, including supported employment, and other recovery supports of relevance to the Board, such as Wellness Management and Recovery, WRAP, Bridges,

Networks of Care, Peer Support Services, etc. (See Appendix C for definition of recovery supports and examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low. What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

Items with an asterisk (*) must be addressed, even if this is a low priority area and planning is minimal.

Click on gray box to indicate priority level.

2.a. EMPLOYMENT*

Priority:

Goals: *Click on gray box to enter text.*

Increase the number of persons diagnosed with severe and persistent mental illness who work competitively.

Strategies: *Click on gray box to enter text.*

Continue to fund and support the Supported Employment program at Appleseed Community Mental Health Center

Measurable Objectives: *Click on gray box to enter text.*

Increase the # of persons in the SE program with SMI competitively employed by 25% over FY 2008.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Board staff will continue to participate as a member of the Supported Employment Steering committee and collaborate with the agency, the Coordinating Center of Excellence (SE) and consumer operated program to achieve the above Goal.

Benefits/Results - In addition to the measurable objective above, it is hoped that an investment in promoting employment in persons diagnosed with SMI will also assist them in their recovery; thereby reducing the need for crisis or other mental health services.

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority:

Goals: *Click on gray box to enter text.*

The Board will explore the need for WMR in the county over the course of FY 2009.

Strategies: *Click on gray box to enter text.*

Utilize ODMH/Website to gather information about the WMR program/curriculum

Measurable Objectives: *Click on gray box to enter text.*

Extent to which the Board has gathered information about the program and determined need for the program in the County.

Discussions and/or Collaborations: *Click on gray box to enter text.*

The Board will investigate the program itself thru the CCOE, talk with Consumers and Provider agencies to determine the need for these services in 2010 or 2011. Additionally, discussions will focus on funding opportunities to both start and sustain programming.

2.c. HOUSING

Priority: Medium

Goals: *Click on gray box to enter text.*

To ensure persons with Behavioral Health Concerns have access to safe and affordable housing

Strategies: *Click on gray box to enter text.*

Continue work with local Continuum of Care around homelessness; Ensure ODOD Homelessness grant is utilized and data entered into HMIS system; Continue provide housing subsidy and increased HAP funding.

Measurable Objectives: *Click on gray box to enter text.*

Decrease # of Consumers diagnosed with mental illness reporting being "Homeless" using the Ohio Outcomes system. FY 07 Homeless count = 7
Utilize 100% of ODOD Funding;
Enter 100% of appropriate information into HMIS system;
Utilize 100% of Housing Subsidy

Discussions and/or Collaborations: *Click on gray box to enter text.*

Housing for persons with behavioral health issues continues to be a focus of the Board. Collaborating with local provider agencies and other stakeholders (Continuum of Care, including the faith-based community) the Board is focused on achieving the goal outlined above. Benefits/Results - Without safe and affordable housing, recovery efforts are severely curtailed. By improving the availability and accessibility of housing for persons with SMI, the board hopes to see a decreased use of crisis services and less involvement with the criminal justice system.

Click on gray boxes to name Recovery Support area and indicate priority level.

2.d. OTHER: Consumer Operated Services

Priority: High

Goals: *Click on gray box to enter text.*

Improve Effectiveness of Lifeworx: A Consumer Operated Program

Strategies: *Click on gray box to enter text.*

1. Make available board training (Robert's Rules, etc.) to Lifeworx board members at no cost;
2. Continue to meet regularly with key Lifeworx staff to develop solutions to operational challenges and encourage agency to develop measurable goals/objectives by completing a strategic planning process;
3. Board staff will continue to sit in on Lifeworx board meetings to offer support;
4. Encourage Lifeworx to maximize relationships with other community stakeholders to promote and secure referrals for the program;
5. Offer free space in the board's newsletter for Lifeworx to promote and educate the community about their programming;
6. Continue to fund the program as a contract agency of the board; and
7. Participate in FY 2009 Recovery Conference

Measurable Objectives: *Click on gray box to enter text.*

1. Ensure at least 80% of WRAP plans are completed for new members;
2. Ensure at least 80% of new members are offered Bridges and Network of Care training
3. Lifeworx will successfully operate within FY 09 budget

- 4. Lifeworx will increase overall membership rate by 50%
- 5. Lifeworx will complete Strategic Planning Process;
- 6. Lifeworx will submit compliance and programmatic reports consistent with conditions of the Board-Agency contract.

Discussions and/or Collaborations: *Click on gray box to enter text.*

The primary collaborations will occur between Lifeworx staff and board members and the Mental Health and Recovery Board staff and board members. Additional collaborations with other board contract agencies, nursing homes and faith based organizations will also occur.

Benefits/Results - The board views consumer operated programs as an important piece of the recovery process for some consumers. In addition to "traditional services" some consumers find added benefit of working directly with someone who themselves is in recovery/recovered from mental illness. Benefits and results anticipated include more persons with SMI working competitively, pursuing educational opportunities (either H.S or beyond), requiring less crisis oriented services and increased use of natural supports in their recovery.

Click on gray box to enter text.

2.e. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

Click on gray box to enter text.

2.f. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

3.g. Other. If you need additional space for discussion of Recovery Supports planning:

Click on gray box to enter text.

Should be 2.g. above instead of "3.g."

3. Resilience Supports. Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for school success, ABC, and any other Resilience supports of relevance to the Board, such as Transition Age Programs, Parent Advocacy, etc. (See Appendix C for definition of resilience supports and examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low. What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

There is overlap between Resilience Supports and Prevention, Consultation, and Education (P,C&E). Boards can discuss programs such as BB/BS, Triple P, Family Advocates, Early Childhood Screening, etc., as a Resilience Support or under the narrative for Section 10: P,C&E.

Click on gray box to indicate priority level.

3.a. SCHOOL SUCCESS

Priority:

Goals: *Click on gray box to enter text.*

1. Assist identified youth in the schools with either mental health and/or drug alcohol concerns or sufficient risk factors in improving attendance, academic performance and behaviors; collectively referred to as "School Success"

Strategies: *Click on gray box to enter text.*

1. Continue to fund and improve the School-Community Liaison Program
2. Utilize ABC & FAST funding for Wraparound Services and non-traditional services and supports to maintain youth in the home/county.
3. Continue ECMH-Screening, Consultation & Treatment for youth 0 to 6 particularly at Head Start and Dale-Roy School
4. Continue Incredible Years Parent Education and Teacher Education

Measurable Objectives: *Click on gray box to enter text.*

1. As measured by the School-Community Liaison Program, ensure that at least 80% of youth served show increased School Success;
2. 80% of youth served by School-Community Liaison Program show improved attendance;
3. 80% involved in the program show improvement in behavioral problems at school; and
4. For those in the program, 80% will follow-thru with referrals made by liaisons.
5. Utilize ABC, FAST and other resources to support Wraparound in the county as well as other flexible services/activities to reduce out of home/county placements and custody relinquishments.
6. Look at Ashley's required outcomes here and below
7. Provide clinical consultation to early childhood programs, including mentoring, coaching, and classroom observation.
8. Provide training and educational sessions as part of the consultation process, including problem identification, referral processes, classroom management strategies, the impact of maternal depression, substance abuse, domestic violence, and other stressors on young children's well

being.

9. Work with parents/families/grandparents/foster parents, as identified through the consultation process, to enhance their ability to create strong, nurturing environments for and relationships with their young children.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Continue to work with Schools and provider agencies to achieve the above stated goals. All school districts in the county collaborate with the school liaison program. Other key collaborations necessary to achieve the above goals include discussions with the emerging Alternative School and programs under the purview of the Family and Children First Council (i.e., Help me Grow, Triple P, Family Advocate Team and School Readiness initiative).

3.b. EARLY CHILDHOOD CARE

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Please see 7.C.3 below for this section.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

3.c. TRANSITION AGE CARE

Priority: **Low**

Goals: *Click on gray box to enter text.*

The Board will explore possible transition age care needs as youth with mental health concerns enter the adult system.

Strategies: *Click on gray box to enter text.*

Utilize existing relationships with the Family and Children First Council, adolescent Workforce Investment Act (WIA) program, Alternative School Steering committee and consumer operated program to identify potential transition age care concerns.

Measurable Objectives: *Click on gray box to enter text.*

Complete exploratory meetings with the partners identified in the above strategy.

Discussions and/or Collaborations: *Click on gray box to enter text.*

The Board will continue to work with its collaborative partners described above to determine the need for services/activities in this area.

Click on gray boxes to name Recovery Support area and indicate priority level.

3.d. OTHER: **Wraparound**

Priority: High

Goals: *Click on gray box to enter text.*

1. Reduce the number of youth going into out of home or county placements.
2. Reduce the number of parents relinquishing custody of their children because of lack of access to needed mental health services.

Strategies *Click on gray box to enter text.*

Utilize FAST, ABC and other funding to support Wraparound in the county.

Measurable Objectives: *Click on gray box to enter text.*

1. Increase the number of youth/families receiving Wraparound by 100% over FY 08 totals.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Key collaboartions between the Family and Children First Council, Schools, Local partner agencies and the School-Community Liaison Program.

Click on gray box to enter text.

3.e. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

Click on gray box to enter text.

3.f. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

3.g. Other. If you need additional space for discussion of Resilience Supports planning:

Click on gray box to enter text.

4. Inpatient Care. Please complete the table below to estimate planned utilization for the next year, as best you can, even though final plan for SFY 2009 use of state hospital days is not due until May 1. Note that the state hospital per diem will be fixed for SFY 2009 at \$481. (Please note Appendix F for additional state bed day utilization data.)

Click on gray box to enter number.

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	550	35
Private Psychiatric Hospitals: Adults	0	55
Private Hospitals: Children & Adolescents	0	9

Using the format below, please discuss goals and strategies regarding **inpatient care** in your Board area and identify anticipated discussions or initiatives with inpatient providers. Also, please describe any future goals and strategies to assess and improve **continuity of care** between inpatient and community mental health providers. Finally, please discuss any planning for patients discharged from inpatient care with serious **somatic health care** needs.

Address as many of the following questions as possible in your discussion of inpatient care, continuity of care, and somatic health care planning:

- i.** Are you developing new or modified community based services which are expected to reduce your current inpatient bed day utilization?
- ii.** If you do not have a continuity of care agreement (see Appendix J) with your local state hospital, will you be addressing this issue with them in the next year?
- iii.** Are you planning future activities to improve linkage and follow up of discharged patients from inpatient care with serious somatic health care needs to general health care services?

4.a. INPATIENT CARE

Priority: Medium

Goals: *Click on gray box to enter text.*

Continue to keep State Hospital Admissions and Length of Stay within appropriate levels

Strategies: *Click on gray box to enter text.*

1. Contract Agency (Appleseed) assigned to oversee Health Officer functions will work with Board staff and Heartland Behavioral Health to continue successes in coordination, collaboration and continuity of care;
2. Continue to utilize local housing options (i.e., supported housing) to divert from the state/private hospital;
3. Continue to support/fund Evidence Based Practices in the county to reduce inpatient care;
4. Continue to collaborate with and utilize the county home (Heartland Home) to divert from the state/private hospital;
5. Continue efforts to strengthen community based care in the county.

Measurable Objectives: *Click on gray box to enter text.*

Bed Day usage will not exceed 550 for FY 2009

Discussions and/or Collaborations: *Click on gray box to enter text.*

If bed day usage is significantly lower than 550 in FY 2009, the Board will consider a further reduction in projected bed day usage for FY 10 and FY 11. Changes to community services in previous years have been successful in reducing bed day utilization, the board and its partners will maintain those successful services. Board staff will continue to have discussions with State Hospital staff at "Network of Care" meetings, "Heartland Collaborative" meetings and regular agency, hospital, board staff meetings.

4.b. CONTINUITY OF CARE

Priority: **Medium**

Goals: *Click on gray box to enter text.*

The Board, its contract agencies and Heartland will continue good relations around admission, discharge and length of stay issues pertinent to Ashland County.

Strategies: *Click on gray box to enter text.*

Regular meetings between Board Staff, Appleseed Community Mental Health Center and Heartland will continue in FY 2009

Measurable Objectives: *Click on gray box to enter text.*

1. At least 95% of total state hospital admissions will report adequate admission, discharge and length of stay as measured by Appleseed CMHC.
2. At least 95% of persons discharged from Heartland will have follow-up appointments in the community within 2 weeks.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Linkage with the Clinical Nurse Manager(s) at Heartland represents a critical link between the community and state hospital systems. Additionally and as needed, consultation with Dr. Thompson and the CEO occur. Board staff regularly attend the "Standards of Care" meetings offered by Heartland. The Board does not currently have a continuity of care agreement but will approach the hospital about such. The Board assumes that ODMH will also inform its IBH system of this new requirement.

4.c. SOMATIC HEALTH CARE

Priority: **Low**

Goals: *Click on gray box to enter text.*

The Board, along with its partner agencies, will determine the somatic needs of persons being discharged from the State Psychiatric Hospital who require general health care services.

Strategies: *Click on gray box to enter text.*

1. Regularly interact with Heartland Staff and ER personnel about the need for general health care services.
2. Ensure at discharge that CPST/agency staff review general health care needs and coordinate with hospital staff to facilitate follow-up in the community.

Measurable Objectives: *Click on gray box to enter text.*

100% of Persons discharged from the state hospital with somatic health care needs receive referral and assistance to appointments.

Discussions and/or Collaborations: *Click on gray box to enter text.*

The Board has a strong relationship with its contract providers and the State hospital. Discussions around Somatic health care will become a regular part of already scheduled meetings to facilitate the above goals and objectives. Additionally, the Board in collaboration with the District V Area Agency on Aging have established an Older Adults Behavioral Health Coalition in Ashland County. The issue of somatic health care will be discussed with this group as well for their ideas.

4.d. Other. If you need additional space to discuss planning in the area of inpatient care, continuity of care, or somatic health care:

Click on gray box to enter text.

5. Residential Treatment Centers. Using the format below, please discuss the Board's goals and strategies to *reduce* Residential Treatment Center placements of children and adolescents in SFY 2009. Has the Board set any targets for evaluating the effectiveness of those strategies in reducing RTC placements?

5.a. Residential Treatment Centers

Priority: Medium

Goals: *Click on gray box to enter text.*

The Board will play a more active role in the decision making process for children/adolescents placed in Residential Treatment Centers.

Strategies: *Click on gray box to enter text.*

The Board will continue discussions with JFS, Children Services, the Family and Children First Council (Family Support Team) and the courts to try and get a "seat at the table" where these decisions are made.

Measurable Objectives or Targets: *Click on gray box to enter text.*

Increase the number of youth consulted on by 100% over FY 2008 rates.

Discussions and/or Collaborations: *Click on gray box to enter text.*

This issue has been a challenge for the Board. The Board, for years, has tried to develop relationships with the agencies/entities outlined above to achieve a more active role in the decision making process. The Board is hopeful that persistence and an emphasis on the common good achieved by collaboration will sway the identified entities to a more inclusive attitude.

5.b. Other. If you need additional space to discuss planning in the area of residential treatment for children and adolescents:

Click on gray box to enter text.

6. Crisis Care. Using the format below, please discuss the Board's plan in SFY 2009 for areas of relevance in crisis care, e.g., hotline, warm line, 24/7 staffing, mobile response, crisis facility, contract for observation beds, respite/emergency beds, transportation service, or other. *It is not necessary to discuss all listed programs and services. This is primarily a place to discuss planned expansion or contraction of capacity in crisis care services and programs. Please discuss only those areas that are a focus of current planning.*

6.a. Adult Consumers

Click on gray boxes to select area of crisis care and priority level.

6.a.1. Area of Adult Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives

Discussions and/or Collaborations

The Board does not anticipate any expansions or contractions in Adult Crisis Care for FY 2009.

6.a.2. Area of Adult Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

6.a.3. Area of Adult Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

6.a.3. Other. If you need additional space to discuss planning in the area of adult crisis care:

Click on gray box to enter text.

The Board plans no significant expansions or contractions in crisis care programs or services for Adults in FY 2009.

6.b. Child & Adolescent Consumers

Click on gray boxes to select area of crisis care and priority level.

6.b.1 Area of C&A Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

6.b.2. Area of C&A Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

6.b.3. Other. If you need additional space to discuss planning in the area of C&A crisis care:

Click on gray box to enter text.

The Board plans no significant expansions or contractions in crisis care programs or services for child and adolescent consumers in FY 2009.

6.c. Planned Crisis Bed Days. If the Board contracts for crisis beds, please indicate projected utilization for Adults and Children & Adolescents in SFY 2008 and SFY 2009:

Click on gray box to enter number.

	SFY 2008 Crisis Bed Days	SFY 2009 Crisis Bed Days
Adults	0	0
Children & Adolescents	0	0

6.d. Crisis Response. Using the format below, please discuss the Board's plan for SFY 2009 in the following areas. Items with an asterisk (*) must be addressed, even if this is a low priority area and planning is minimal.

6.d.1. CIT/POLICE COORDINATION*

Click on gray box to select priority level.

Priority: Medium

Goals: *Click on gray box to enter text.*

To train a third of appropriate personnel on each shift of the following organizations: City Police, Sheriff's Office, Jail, Emergency Response/Fire, Hospital Security and University Security

Strategies: *Click on gray box to enter text.*

Conduct another CIT training in the fall of FY 2010

Measurable Objectives: *Click on gray box to enter text.*

of trainees that complete the CIT training from each of the organizations listed above.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Board staff will continue to work with the community CIT steering committee to help achieve the above goals.

6.d.2. DISASTER PREPAREDNESS*

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Maintain a current behavioral health disaster response plan for Ashland County

Maintain a trained behavioral health disaster response team for Ashland County

Strategies: *Click on gray box to enter text.*

Review the disaster response plan on a regular basis

Maintain communication with the response team members

Provide periodic training to the team

Continue to be an active member of the Local Emergency Planning Committee

Participate in local, regional (via the Heartland Collaborative) and state disaster preparedness activities (i.e., Table Top Exercise)

Measurable Objectives: *Click on gray box to enter text.*

Review plan at least annually

Provide training to the team in 2009

Provide a written communication to the team at least twice each year

Attend local planning meetings monthly or as scheduled; pertinent regional or state activities as scheduled.

Discussions and/or Collaborations: *Click on gray box to enter text.*

The Board has conducted 2 county wide trainings on Disaster Preparedness with 100 people attending in total. The Board is represented on the County's Local Emergency Planning Committee (LEPC) and part of the county plan for disaster response. The Board collaborates with...

6.d.3. COLLEGES & UNIVERSITIES*

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Provide support and assistance to Ashland University in the event of a tragedy or disaster

Strategies: *Click on gray box to enter text.*

Continue participation in the Ashland County Emergency Planning Committee (the university is also represented).

Maintain communication with key university administrators regarding supports and resources available through the board

Offer the support of the behavioral health disaster response team and/or the youth crisis response team as needed.

Measurable Objectives: *Click on gray box to enter text.*

Discuss available resources and response plan with the university at least annually

Discussions and/or Collaborations: *Click on gray box to enter text.*

As indicated in other sections of the plan; the Board involves Ashland University with the CIT Initiative as well as being part of the Disaster Response Team, the Youth Crisis Response Team and Critical Incident Stress Debriefing Team.

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Provide support and assistance to local school systems in the event of a tragedy or disaster

Strategies: *Click on gray box to enter text.*

Continue participation in the Ashland County Emergency Planning Committee (the schools are also represented).

Maintain communication with key school administrators regarding supports and resources available through the board

Offer the support of the behavioral health disaster response team and/or the youth crisis response team as needed.

Measurable Objectives: *Click on gray box to enter text.*

Discuss available resources and response plan with the school administrators at least annually

Discussions and/or Collaborations: *Click on gray box to enter text.*

As indicated, continue to partner with the schools, superintendants, County EMA, Youth Crisis Response Team and Critical Incident Stress Debriefing Team.

6.3.5. Other. If you need additional space to discuss Crisis Response planning:

Click on gray box to enter text.

7. Outpatient Services. Using the format below, please discuss the Board’s plan for relevant outpatient “services as usual,” e.g., Diagnostic Interview-Physician, Diagnostic Assessment, Pharmacological Management, CPST, Counseling, Partial Hospitalization. *It is not necessary to discuss all listed services. This is primarily a place to discuss planned expansion or contraction of capacity in routine outpatient services. Please discuss only those areas that are a focus of current planning.*

7.a. Adult Services.

Click on gray boxes to select service area and priority level.

7.a.1. Area of Adult Services:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

7.a.2. Area of Adult Services:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

7.a.3. Area of Adult Services:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

7.a.4. Other. If you need additional space to discuss planning in the area of adult “services as usual”:

Click on gray box to enter text.

The Board plans no significant expansions or contractions in Adult Services capacity for FY 2009.

7.b. Child & Adolescent Services.

Click on gray boxes to select service area and priority level.

7.b.1 Area of C&A Services:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

7.b.2 Area of C&A Services:

Priority:

Goals: *Click on gray box to enter text.*

Strategies *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

7.b.3. Area of C&A Services:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

7.b.4. Other. If you need additional space to discuss planning in the area of child & adolescent “services as usual”:

Click on gray box to enter text.

The Board plans no significant expansions or contractions in Child & Adolescent Services capacity for FY 2009

7.c. Best Clinical Practices for Adults, Children & Adolescents. What are the Board’s plans for SFY 2009 regarding Best Clinical Practices? The term “best practices” includes both promising and evidence-based practices. Examples of Best Practices include, but are not limited to: Assertive Community Treatment, Intensive Home Based Treatment, Intensive Dual Disorder Treatment (IDDT), Early Childhood Assessment, Functional Family Therapy, Treatment Foster Care, Physical/Mental Health Services Integration, Trauma-focused Community Based Treatment (TF-CBT), Dialectical Behavior Therapy (DBT), Trauma Screening and Assessment, Telemedicine, Tobacco Dependence Treatment, Older Adult care, Integrated Care for persons with MR/MI. (See definitions in Appendix C.)

Items with an asterisk (*) must be addressed, even if this is a low priority area and planning is minimal.

7.c.1. INTEGRATED DUAL DIAGNOSIS TREATMENT (IDDT)*

Priority: High

Goals: *Click on gray box to enter text.*

Provide a High Fidelity IDDT Program to Persons with a Dual Diagnosis in Ashland County

Strategies: *Click on gray box to enter text.*

1. Continue to implement the IDDT model with a focus on fidelity;
2. Continue to utilize programmatic support via the Case Western Reserve Coordinating Center of Excellence;
3. Continue to utilize the programmatic support via the Northeast Regional IDDT Committee; and
4. Utilize the recently created "IDDT MACSIS Affiliation Code" to determine program efficiency and effectiveness.

Measurable Objectives: *Click on gray box to enter text.*

1. Increase Fidelity Scores by 25%;
2. Meet with the IDDT CCOE for program support at least twice during FY 2009;
3. Attend the NE IDDT Regional meeting at least twice during FY 2009;

Discussions and/or Collaborations: *Click on gray box to enter text.*

This is still a relatively new program for the county. With continued partnerships with the SAMI CCOE; NE Regional Committee; other implementing agencies and the Provider Agency, we hope to strengthen the program during FY 09. As discussed later, continue the partnership with ODMH with regard to the implementation of the "MACSIS IDDT Affiliation Code" for program efficiency and effectiveness.

Click on gray box to enter name of practice:

7.c.2. PRACTICE: Intensive Home Based Services

Priority: High

Goals: Click on gray box to enter text.

Implement and be in compliance with ODMH standards around Intensive Home Based Services

Strategies: Click on gray box to enter text.

Utilize existing agency programming plus ODMH supports to achieve a certified IHBT program in FY 2009

Measurable Objectives: Click on gray box to enter text.

1. Increase the number of families receiving IHBT in the county by 25%
2. Attain ODMH Certification for the counties IHBT program
3. Be in compliance with all ODMH requirements put forth in the recently awarded 18 month grant for IHBT Services.

Discussions and/or Collaborations: Click on gray box to enter text.

Key collaborations will take place between the implementing agency, the board, the family and children first council, children services, department of jobs and family services, the schools, juvenile justice and other key community partners.

Click on gray box to enter name of practice:

7.c.3. PRACTICE: Early Childhood MH (Screening, Assessment & Treatment)

Priority: Medium

Goals: Click on gray box to enter text.

1. To promote the healthy social and emotional development of young children (0 to 6).
2. Focus on ensuring that young children thrive and increase their readiness for school and later school success by addressing their behavioral health care needs.

Strategies: Click on gray box to enter text.

1. Provide clinical consultation to early childhood programs, including mentoring, coaching, and classroom observation.
2. Provide training and educational sessions as part of the consultation process, including problem identification, referral processes, classroom management strategies, the impact of maternal depression, substance abuse, domestic violence, and other stressors on young children's well being.
3. Work with parents/families/grandparents/foster parents, as identified through the consultation process, to enhance their ability to create strong, nurturing environments for and relationships with their young children.

Measurable Objectives: Click on gray box to enter text.

1. Number of Programs/Classrooms receiving consultative services;
2. Number of Provider/Teachers or Families receiving consultative services;
3. Number of Youth receiving consultative services;
4. Amount of Education for parents and early childhood staff provided (include number of educational sessions held, number of parents participating and number of early childhood staff participating).
5. Amount of Cross-System Training to other professionals provided (include number of trainings

and number of participants.)

Discussions and/or Collaborations: *Click on gray box to enter text.*

Continue relationship/collaboration between the implementing agency, Head Start Program, Help Me Grow, Preschools, Family Child Care, FCFC, Public Children's Services Agency and Dale-Roy Training Center (Preschool).

Click on gray box to enter name of practice:

7.c.4. PRACTICE:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

Click on gray box to enter name of practice:

7.c.5. PRACTICE:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

7.c.6. Other. If you need additional space for planning in the area of Best Clinical Practices:

Click on gray box to enter text.

8. Staff Capacity and Workforce Development. Using the format below, please describe the Board's plan for workforce development in SFY 2009. For help with identification of goals, see Appendix G: **An Action Plan for Behavioral Health Workforce Development.**

Click on gray boxes to enter workforce development area and priority level.

8.a.1. Area of Workforce Development: **Broadening the Concept of Workforce**

Priority: **Low**

Goals: Click on gray box to enter text.

1. Significantly expand the role of individuals in recovery, and their families when appropriate, to participate in, ultimately direct, or accept responsibility for their own care; provide care and supports to others; and educate the workforce.
2. Expand the role and capacity of communities to effectively identify their needs and promote behavioral health and wellness.

Strategies Click on gray box to enter text.

Utilize Lifeworkx Consumer Operated Program as a potential source of individuals in recovery that may be interested in peer positions within agencies or in voluntary roles to support and educate others.

Measurable Objectives: Click on gray box to enter text.

- Number of peer support workers hired by local agencies;
- Number of supportive and educative activities provided by persons and/or their families, where appropriate.

Discussions and/or Collaborations: Click on gray box to enter text.

Continued discussions between Lifeworkx and other mental health and social services agencies around the use of peer support workers or persons in recovery providing education and supportive services.

Click on gray boxes to enter workforce development area and priority level.

8.a.2. Area of Workforce Development: **Strengthening the Workforce**

Priority: **Low**

Goals: Click on gray box to enter text.

1. Implement systematic recruitment and retention strategies at the local level.
2. Increase the relevance, effectiveness, and accessibility of training and education.
3. Actively foster leadership development among all segments of the workforce.

Strategies: Click on gray box to enter text.

Collaborate with local college/seminary to provide internship sites/experiences and present local system of care as an option for employment after graduation.

Continue to support and provide training and education to the community at large and contract agencies of the Board.

Enhance discussions with "Gang of Four" around leadership development for the county.

Measurable Objectives: Click on gray box to enter text.

Number of graduates who make commitments to remain in the public mental health system.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Ongoing discussions between the college, seminary, local provider agencies and the Board around enhanced partnerships in this goal area. Continue to develop partnerships with the local Chamber of Commerce, Leadership Ashland Program, United Way and Ashland Community Foundation to facilitate leadership development in the County.

8.a.3. Other. If you need additional space to discuss planning in the area of workforce development:

Click on gray box to enter text.

9. Inter-system Collaboration. Using the format below, please describe the Board's plan for SFY 2009 in the following areas.

9.a. Adults

9.a.1. ADULT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority:

Goals: *Click on gray box to enter text.*

To decrease the number of adults with a severe mental illness who are unnecessarily involved in the criminal justice system.

Strategies: *Click on gray box to enter text.*

1. Increase the number of officers trained and part of the Crisis Intervention Team;
2. Use of diversion funds to prevent both hospitalizations and behaviors that would unnecessarily involve the person in the criminal justice system;
3. Support annual mental health training of jail staff by contract agencies

Measurable Objectives: *Click on gray box to enter text.*

1. Increase in number of officers trained and part of CIT from previous year;
2. Baseline of adults with a severe mental illness unnecessarily involved in the criminal justice system

Discussions and/or Collaborations: *Click on gray box to enter text.*

Enhance established relationships with the criminal justice system and enlist the support of contract agency providers.

9.a.2 ADULT RECIDIVISM

Priority:

Goals: *Click on gray box to enter text.*

To explore the number of adults with a severe mental illness who reenter the criminal justice system.

Strategies: *Click on gray box to enter text.*

Meet with criminal justice staff and appropriate contract agency staff to begin the discussion with a focus on identifying how many individuals reenter.

Measurable Objectives: *Click on gray box to enter text.*

Extent that meetings were help with relevant parties to explore the goal at hand.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Enhance established relationships with the criminal justice system and enlist the support of contract agency providers.

9.a.3. ADULT DIVERSION

Priority:

Goals: *Click on gray box to enter text.*

To explore the number of adults with a severe mental illness who are, or become involved, with the criminal justice system.

Strategies: *Click on gray box to enter text.*

Create a confidential and appropriate mechanism in which data can be collected to inform the goal above.

Measurable Objectives: *Click on gray box to enter text.*

Identify the number of persons involved in the criminal justice system with a diagnosed severe mental illness.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Enhance established relationships with the criminal justice system and enlist the support of contract agency providers.

9.a.4. Other. If you need additional space to discuss planning in the area of Justice/Court Coordination, Recidivism or Diversion:

Click on gray box to enter text.

9.b. Adolescents

9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority:

Goals: *Click on gray box to enter text.*

Increase the identification of mental health issues of youth who are involved with the criminal justice system.

Strategies: *Click on gray box to enter text.*

1. Increase the number of Juvenile court staff (i.e., probation officers) and officers trained and part of the Crisis Intervention Team
2. Increase the involvement of Juvenile court staff in multi-agency Family and Children First Council Meetings (Family Support Team; Preventive Care Team; Early Childhood Collaborative

Committee, etc.)

Measurable Objectives: *Click on gray box to enter text.*

- 1. # of Juvenile Court Staff Trained and part of CIT;
- 2. Increase in # of Juvenile Court staff attending FCFC meetings/committees.

Discussions and/or Collaborations: *Click on gray box to enter text.*

The Board will continue to build on already established partnerships with the Juvenile Court and Family and Children First Council.

9.b.2. ADOLESCENT RECIDIVISM

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

The Board will continue to build on already established partnerships with the Juvenile Court and Family and Children First Council. This is not a focus for the board at this time.

9.b.3. ADOLESCENT DIVERSION

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

The Board will continue to build on already established partnerships with the Juvenile Court and Family and Children First Council.

9.b.4. Other. If you need additional space to discuss planning in the area of adolescent Justice/Court Coordination, Recidivism or Diversion:

Click on gray box to enter text.

9.c. Other Inter-System Collaboration. What, if any, are the Board's plans for SFY 2009 in the following areas?

9.c.1. JAILS

Click on gray box to indicate priority level.

Priority: **Medium**

Goals: *Click on gray box to enter text.*

The Board currently provides for Alcohol and Other Drug Services as well as Pharmacological Management and Diagnostic Assessment at the local jail.

Strategies: *Click on gray box to enter text.*

-Continue to provide the above services in FY 2009;
-Continue to provide, via contract agency, training to Jail staff on mental illness, effective treatment and accessing local resources.

Measurable Objectives: *Click on gray box to enter text.*

% Change in services from FY 2008;
of trainings of Jail staff in FY 2009

Discussions and/or Collaborations: *Click on gray box to enter text.*

Continue partnership with local jail and MH agency that provides periodic training to jail staff.

9.c.2. DETENTION CENTERS

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Some focus is given to the Detention Center as the Board funds P,C & E activities there. Anger Management groups and referral/consultative services predominate.

Strategies: *Click on gray box to enter text.*

Continue to provide limited P, C & E activities in FY 2009.

Measurable Objectives: *Click on gray box to enter text.*

and Type of P, C & E activities completed

Discussions and/or Collaborations: *Click on gray box to enter text.*

Continue partnership with Detention Center, Juvenile Court and Juvenile Probation.

9.c.3. SHELTERS (Includes Homeless, Runaway, Domestic Violence)

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Continue to participate as a member of the "Homeless Coalition" the counties Continuum of Care.

Strategies: *Click on gray box to enter text.*

Improve on "point in time" homeless count in FY 2009

Measurable Objectives: *Click on gray box to enter text.*

% Increase in "point in time" activities and volunteers over FY 2008 numbers

Discussions and/or Collaborations: *Click on gray box to enter text.*

The Board is actively involved in the counties Continuum of Care called "The Homeless Coalition" Ashland County doesn't currently have a "Homeless Shelter." The Board's largest Mental Health provider agency operates the county's only Domestic Violence shelter, the Board doesn't fund this program but is supportive of the agency's efforts in running the shelter.

9.c.4. NURSING HOMES

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Continue to partner with local Nursing Homes around identifying issues of Older Adult Behavioral Health concerns as well as the Behavioral Health Concerns of Caregivers.

Strategies: *Click on gray box to enter text.*

1. Utilize the already established Older Adult Behavioral Health Coalition as a vehicle to partner and identify needs and develop solutions.
2. Seek the cooperation of Nursing Homes in the Board's efforts to implement the "Vial of Life" program throughout the county.
3. Offer trainings via the Board/Contract Agencies on older adult depression/suicide and caregiver mental health issues.

Measurable Objectives: *Click on gray box to enter text.*

1. Number of nursing homes that participate in the "Vial of Life" program;
2. Number of trainings offered to nursing homes/older adults around older adult/caregiver behavioral health concerns.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Continued collaboration and discussions with local Nursing Homes and involvement with the Older Adult Behavioral Health Coalition.

9.c.5. PRISON RE-ENTRY

Priority: **Low**

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

Not a focus of the Board at this time.

9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority: Low

Goals: *Click on gray box to enter text.*

Continue to explore the issues and needs around Physical & Mental Health Integration in the county.

Strategies: *Click on gray box to enter text.*

Utilize existing relationships with Health Department, Department of Jobs and Family Services, Nursing Homes, local primary care physicians, contract agencies and other partner social service agencies to explore the goal above.

Measurable Objectives: *Click on gray box to enter text.*

of meetings/discussions held in FY 09 around the issues/needs of Physical & Mental Health Integration.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Board staff attended the Ohio Association of County Behavioral Health Authorities "Integration of Physical & Behavioral Health Education Summit" in September of 2007. Staff will continue to explore training opportunities around the focus area; particularly around needs assessment and local models of care for effective integration.

Click on gray box to area of cross-system collaboration:

9.c.7. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

Click on gray box to enter text.

9.c.8. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

Click on gray box to enter text.

9.c.9. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

9.c.10. Other. If you need additional space to discuss plans involving significant inter-system collaboration:

Click on gray box to enter text.

10. Prevention, Consultation and Education (P,C&E). What are the Board's plans for SFY 2009 in the following areas? It is not necessary to discuss all prevention programs funded by the Board. Please discuss P,C&E planning of most salience or strategic importance to your system.

10.a. SUICIDE PREVENTION

Click on gray box to enter priority level.

Priority:

Goals: *Click on gray box to enter text.*

1. Increase the number of Question Persuade Refer (QPR) Trainings Provided in the County;
 2. Continue to support persons who have lost a loved one to suicide;
 3. Continue to support efforts to reduce/prevent suicide among youth/teens;
 4. Continue to support Suicide Prevention efforts among Older Adults

Strategies: *Click on gray box to enter text.*

1. Utilize the QPR trainers within the county with administrative support from the Board to conduct trainings;
 2. Support Suicide Coalition and the Postvention group;
 3. Support the continued use of Red Flags and Teen Screen in the schools; and
 4. Utilize the Older Adults Behavioral Health Coalition to promote depression awareness and suicide prevention among older adults.

Measurable Objectives: *Click on gray box to enter text.*

- 1. Number of QPR trainings held;
- 2. Number of people attending Postvention throughout the year;
- 3. Number of youth participating in Teen Screen and Red Flags; and
- 4. Number of trainings/talks about depression and suicide among older adults.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Continue to develop already strong relationships with local school systems, the older adults bh coalition and members of the postvention group.

Click on gray box to enter name of P,C&E activity:

10.b. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

10.c. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

10.d. Other. If you need additional space to discuss planning for prevention, consultation and education:

Click on gray box to enter text.

11. Cultural Competency: What are the Board’s plans for SFY 2009to increase cultural competence? Please discuss the areas of most salience or strategic importance to your system.

11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF

Priority: **Medium**

Goals: *Click on gray box to enter text.*

To achieve ninety percent or higher satisfaction ratings on the annual Board conducted consumer satisfaction survey

Strategies: *Click on gray box to enter text.*

Utilize the Boards existing measure with feedback from consumers and participating agencies to ensure the instrument measures all relevant components.

Measurable Objectives: *Click on gray box to enter text.*

Satisfaction percentages by each question asked.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Currently, the Board has a robust consumer satisfaction survey process that is conducted annually. Working with contract agencies, it is the Board's expectation to meet the goal above in FY 2009.

11.b. STAFF RECRUITMENT

Priority: **Low**

Goals: *Click on gray box to enter text.*

1. Improve the overall quality of staff employed/hired by contract agencies.
2. Improve the rate of retention for employees hired.

Strategies: *Click on gray box to enter text.*

1. Analyze salary compensation studies and market data;
2. Seek non-traditional funding opportunities to support salary structure
3. Ensure that open positions are posted in accessible and strategic ways (internet, etc.);

Measurable Objectives: *Click on gray box to enter text.*

1. Rate of agency turnover;
2. Number of Resumes/applications received by agency for advertised open positions;
3. Time to fill vacant positions from posting of the position;
4. Number of times a position needed to be posted before being filled; and
5. Degree (rate) to which qualified candidates apply for open positions;

Discussions and/or Collaborations: *Click on gray box to enter text.*

- Enhance partnerships with representatives from the local college and seminary;
- Promote the Board, the Family and Children First Council and contract agencies as a resource for supervised field placement oppourtunities for social work, counseling and other related focus areas

11.c. STAFF TRAINING

Priority:

Goals: *Click on gray box to enter text.*

Explore feasibility of the Board facilitating the education of individuals in the organization about cultural competence, and expand an organizational culture that will continually reevaluate the way employees and board members interact with consumers, family members, providers and the community.

Strategies: *Click on gray box to enter text.*

Sponsor a series of training sessions, including but not limited to:
-An introduction of basic cultural competence, sensitivity, beliefs, practices, language;
-Working in cross-cultural situations;
-Individuals and groups being able to function effectively with cultural differences;
-How people are the same in human needs and how these needs are met in different ways; and
-Sustaining of cultural competence through developing and evaluating organization policies, practices and procedures.

Measurable Objectives: *Click on gray box to enter text.*

-Degree of feasibility determined by board in its exploration of the goal;
-If held, the number of cultural competence trainings provided; and
-Pre and Post-Test results associated with trainings.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Discuss with ODMH and the CCOE for Multiethnic Advocates for Cultural Competence (MACC)

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority:

Goals: *Click on gray box to enter text.*

Explore what cultural disparities exist in the county with regard to MH access and MH outcomes.

Strategies: *Click on gray box to enter text.*

Explore evidence based practice models to assess whether services incorporate the consumer's customs, values and beliefs into their recovery and treatment plan.

Measurable Objectives: *Click on gray box to enter text.*

Analyze Satisfaction Survey results relevant to consumers, families and caregivers feeling as if services acknowledged their cultural preferences (Sat Survey Question #5)

Discussions and/or Collaborations: *Click on gray box to enter text.*

Discuss with ODMH and the CCOE for Multiethnic Advocates for Cultural Competence (MACC)

Click on gray box to enter text.

11.e. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

11.f. Other. If you need additional space to discuss planning in cultural competency:

Click on gray box to enter text.

12. ANYTHING ELSE? Are there are other Board plans for SFY 2009 not covered by the outline? Is there any other information pertinent to the Community Plan that the Board would like to share?

Click on gray box and enter text.

-FAST and ABC Funding in FY 10-11:

The Board is hopeful that the Department will be able to continue the Access to Better Care Initiative, including FAST funding. The youth and families of Ashland County have benefited thru this initiative

-ECMH and Incredible Years in FY 10-11:

The Board is hopeful that the Department will be able to continue the Early Childhood Mental Health and Incredible Years initiatives in the FY 10-11 bi-ennium. As can be read from the Boards Community Plan, these initiatives have long helped those children/parents in the County.

-Planning Process:

The Board echoes the Departments desire for a Community Planning process that is consistent across both ODADAS and ODMH. The planning process for FY 2009 has been the most comprehensive process in many years. It is hoped the information/data provided by Boards will be instrumental in demonstrating the quality mental health system that exists in Ohio.

-Network of Care in FY 2009:

The Board plans to highlight the Network of Care in FY 2009 and educate the community as to its ease of use, timely information and value as a tool in the recovery process.

-Boards Continuous Quality Improvement Process:

The Board would like to briefly highlight its plans to more fully utilize its CQI process in FY 09. Board members have recently approved a CQI process that involves three critical components:

1. The collection of key data representing various areas of quality;
2. The analysis of that data by Board staff to determine the level of quality;
3. The sharing of the data and analysis process with its contract agencies and other community partners, as appropriate, to bring about
4. Celebration or correction to the service delivery process.

The Board plans to more formally and systematically utilize the 4-step process above in improving the quality, effectiveness and efficiency (cost-effectiveness) of the publically funded mental health services in Ashland.

Finally, the Board would like to point out the challenge of translating the work of the Board (Planning, funding, monitoring and evaluating services) in way that can be clearly and simply presented and understood by the community at large. The Board has identified this issue as an ongoing process that will be constantly informed by the feedback of our partners in the community.

13. Projected Budget. *Please refer to the following link:*

<http://www.mh.state.oh.us/cmtypolicy/planning/guidelines/2009/budget-template.xls>

Using the Board’s submitted SFY 2007 FIS-040 report as a baseline and for comparison purposes, please complete the Community Plan Budget excel spreadsheet for SFY 2009 (if desired, your SFY 2007 FIS-040 may be obtained from Holly Jones at joneshm@mh.state.oh.us). **The Excel spreadsheet must be included with the Word form template, when submitting your Community Plan electronically.** Please indicate how the Board plans to purchase services by fund source.

14. Business Rules. Identify any changes in the Board’s business rules (See Appendix E. Business Rules for MACSIS) that will be necessary to accomplish the Board’s Plan for non-Medicaid reimbursable services and services to consumers that are ineligible for Medicaid.

Click on gray box and enter text.

Continues as: "Coinsurance on all non-medicaid except crisis intervention, CPST, and voc/employment."

E. Evaluation of Plan Implementation.

E.1. How does the Board plan to evaluate services, pursuant to ORC 340.03?

<http://codes.ohio.gov/orc/340.03>

Click on gray box and enter text.

<p>As indicated in division G of ORC 5119.62 The "director of mental health...shall do all of the following:"</p> <p>"(G) Establish criteria by which a board of alcohol, drug addiction, and mental health services reviews and evaluates the quality, effectiveness, and efficiency of services provided through its community mental health plan. The criteria shall include requirements ensuring appropriate service utilization. The department shall assess a board’s evaluation of services and the compliance of each board with this section, Chapter 340. or section 5119.62 of the Revised Code, and other state or federal law and regulations. The department, in cooperation with the board, periodically shall review and evaluate the quality, effectiveness, and</p>	E.1
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<p>efficiency of services provided through each board. The department shall collect information that is necessary to perform these functions."</p> <p>Historically, the Department has not provided Boards with standardized criteria by which mental health services could be reviewed and evaluated for quality, effectiveness, and efficiency. The Board recognizes with this latest version of the Community Plan a movement towards that standard (i.e., NOMs).</p> <p>In lieu of specific criteria from the Department at this time, the Ashland Board has developed a plan/process and criteria for this issue and it is summarized in ATTACHMENT's II (Template to Address Evaluation of Plan) and V (Ashland County Evaluation of Plan).</p>	
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E.2. How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

Click on gray box and enter text.

<p>The Board has, as part of its strategic planning & quality assurance process, outlined the use of various databases available to evaluate effectiveness and efficiency of services. An example of the Board's "Dashboard Report" is included as ATTACHMENT III.</p> <p>Effectiveness of Adult & Youth Mental Health services will primarily draw on Ohio Outcomes/Ohio Scales data using the DataMart. Aggregate scores can be compared to local benchmark data, similar county data and state-wide averages. To give the reader a better idea of how the Board is utilizing Ohio Outcomes/Ohio Scales data ATTACHMENT IV is included.</p> <p>Efficiency measures draw primarily on the MACSIS database. The Board is able to determine volume, type and associated costs of services by diagnosis, by diagnostic grouping or other applicable parameters and once again compare this to local benchmarks and statewide averages for the purpose of determining levels of efficiency. Where data is outside "typical parameters" the results are termed an "anomaly" and discussed with the respective service provider for clarification and/or correction.</p> <p>The Board plans to focus its efforts in FY 09 on refining its utilization of available databases (MACSIS, BH and Outcomes) to determine efficiency and effectiveness of funded services.</p>	E.2
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E.3. To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

Click on gray box and enter text.

<p>As indicated in section E.1 above, the Board appreciates the Departments flexibility in allowing each Board to describe how they intend to meet ORC 340.03 and ORC 5119.61. It is hoped that ODMH will utilize the feedback from Boards as the Department moves towards establishing for Boards the criteria by which Boards should review and evaluate the quality, effectiveness, and efficiency of services provided though the community mental health plan. Having a consistent framework and critiera for review and evaluating will allow for increased confidence in data and the overall state of mental health quality in Ohio.</p>	E.3
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New York State has implemented an on-line "Balanced Scorecard" that may have some applicability in Ohio's locally controlled structure.

With regard to existing resources used by the Board, it is believed that the DataMart and DataCube are useful tools that can be enhanced to provide even more useful data. Enhancements might target the "friendliness" or "flexibility" of the interfaces of these data bases. To be used and useful, the data must be accessibly, accurate and timely.

To some extent Technical Assistance must be driven by the Departments strategic plans. If, for instance, the Department decides to take on a version of the "on-line Balanced Scorecard" Boards and agencies will require initial and ongoing technical assistance to meet Department expectations.

Form 1

Board Appointment Data Sheet

List all members, leaving vacant appointments blank

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08		
Board Member J. B. Burns		Appointment ODMH		
Mailing Address (street, city, state, zip) 158 Glenwood Drive Ashland, Ohio 44805		Sex Male		
Telephone (include area code) 419-281-7969		Ethnic Group White		
County of Residence Ashland		Officer _____ Member No		
Occupation N/A		Hispanic or Latino (of any race)		
Term First Full Term		Representation: select all that apply:		
Year Term Expires 2010		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <u>Mental Health</u> <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician </td> <td style="width: 50%; border: none;"> <u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate </td> </tr> </table>	<u>Mental Health</u> <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
<u>Mental Health</u> <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate			

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08		
Board Member Linda Cuzzolini		Appointment ODMH		
Mailing Address (street, city, state, zip) 852 Woodview Drive Ashland, Ohio 44805		Sex Female		
Telephone (include area code) 419-281-7969		Ethnic Group White		
County of Residence Ashland		Officer _____ Member No		
Occupation Religious Education Coordinator		Hispanic or Latino (of any race)		
Term Second Full Term		Representation: select all that apply:		
Year Term Expires 2010		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician </td> <td style="width: 50%; border: none;"> <u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate </td> </tr> </table>	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate			

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08		
Board Member Ed Fulton		Appointment ODADAS		
Mailing Address (street, city, state, zip) 940 Avalon Drive Ashland, Ohio 44805		Sex Male		
Telephone (include area code) 419-289-0780		Ethnic Group White		
County of Residence Ashland		Officer _____ Member No		
Occupation retired		Hispanic or Latino (of any race)		
Term Partial Term		Representation: select all that apply:		
Year Term Expires 2008		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician </td> <td style="width: 50%; border: none;"> <u>Alcohol Other Drug Addiction</u> <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate </td> </tr> </table>	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<u>Alcohol Other Drug Addiction</u> <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<u>Alcohol Other Drug Addiction</u> <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate			

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Tom Gaus		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 735 Co. Rd. 1775 Ashland, Ohio 44805		<u>Sex</u> Male
Telephone (include area code) 419-281-6805		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Member No
Occupation Hillsdale Middle School Principal		<u>Hispanic or Latino (of any race)</u>
Term First Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2010		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member John Guliano		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 2319 Creek View Court Ashland, Ohio 44805		<u>Sex</u> Male
Telephone (include area code) 419-651-9171		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Member No
Occupation Cornerstone Psychological Services		<u>Hispanic or Latino (of any race)</u>
Term Partial Term		<u>Representation: select all that apply:</u>
Year Term Expires 2008		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Rebecca Humrichouser		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 202 US 250 East Polk, Ohio 44866		<u>Sex</u> Female
Telephone (include area code) 419-869-7271		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Member No
Occupation Retired		<u>Hispanic or Latino (of any race)</u>
Term Partial Term		<u>Representation: select all that apply:</u>
Year Term Expires 2008		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member John Leininger		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 288 TR 2605 Loudonville, Ohio 44842		<u>Sex</u> Male
Telephone (include area code) 419-994-4345		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Member No
Occupation Dairy Farmer		<u>Hispanic or Latino (of any race)</u>
Term Second Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2009		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Dwight McElfresh		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 925 Thomas Drive Ashland, Ohio 44805		<u>Sex</u> Male
Telephone (include area code) 419-289-1048		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Member No
Occupation Director, Telego Center for Educational Improvement		<u>Hispanic or Latino (of any race)</u>
Term Second Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2010		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Rebecca Owens		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 1913 County Rd. 655 Ashland, Ohio 44805		<u>Sex</u> Female
Telephone (include area code) 419-368-3084		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Member No
Occupation Richland County Catholic Charities		<u>Hispanic or Latino (of any race)</u>
Term First Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2010		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Rebecca Osbun		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 202 Ferrel Ave. Ashland		<u>Sex</u> Female
Telephone (include area code) 419-289-3859		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Member No
Occupation Social Service Director, Kingston of Ashland		<u>Hispanic or Latino (of any race)</u>
Term First Full Term		Representation: select all that apply:
Year Term Expires 2010		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Pat Risser		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip) 154 Ronald Ave. Ashland, Ohio 44805		<u>Sex</u> Male
Telephone (include area code) 503-655-2530		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Member No
Occupation Consultant		<u>Hispanic or Latino (of any race)</u>
Term Partial Term		Representation: select all that apply:
Year Term Expires 2009		<u>Mental Health</u> <input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Beth Ring		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 2953 TR 659 Loudonville, Ohio 44842		<u>Sex</u> Female
Telephone (include area code) 419-994-2123		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Chairperson No
Occupation Guidance Counselor		<u>Hispanic or Latino (of any race)</u>
Term First Full Term		Representation: select all that apply:
Year Term Expires 2008		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member David Sanders		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 1122 Cooper Drive Ashland, Ohio 44805		<u>Sex</u> Male
Telephone (include area code) 419-207-1741		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> Member
Occupation Pastor		<u>Hispanic or Latino (of any race)</u> No
Term Partial Term		<u>Representation: select all that apply:</u>
Year Term Expires 2010		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Shari Shafer		<u>Appointment</u> ODADAS
Mailing Address (street, city, state, zip) 711 Hillcrest Dr. Ashland, Ohio 44805		<u>Sex</u> Female
Telephone (include area code) 419-289-3571		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> Chairperson
Occupation Teacher at Mapleton Schools		<u>Hispanic or Latino (of any race)</u> Yes
Term First Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2008		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input checked="" type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Gail Sweet		<u>Appointment</u> ODADAS
Mailing Address (street, city, state, zip) 1605 CR 1095 Ashland, Ohio 44805		<u>Sex</u> Female
Telephone (include area code) 419-496-2274		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> Member
Occupation Retired		<u>Hispanic or Latino (of any race)</u> No
Term Partial Term		<u>Representation: select all that apply:</u>
Year Term Expires 2009		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input checked="" type="checkbox"/> Advocate

Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Barbara Workman		<u>Appointment</u> ODADAS
Mailing Address (street, city, state, zip) 1024 Twp. Rd. 984 Ashland, Ohio 44805		<u>Sex</u> Female
Telephone (include area code) 419-289-3900		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Member No
Occupation Samaritan Hospital Emergency Services Dept.		<u>Hispanic or Latino (of any race)</u>
Term First Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2011		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Board of Ashland County		Date Prepared 1/21/08
Board Member Katie Wright		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 115 State Route 42 West Salem, Ohio 44287		<u>Sex</u> Female
Telephone (include area code) 419-869-7153		<u>Ethnic Group</u> White
County of Residence Ashland		<u>Officer</u> _____ Member No
Occupation Cinnamon Lake Front Gate		<u>Hispanic or Latino (of any race)</u>
Term Second Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2010		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Board of Ashland County		Date Prepared
Board Member		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip)		<u>Sex</u> Female
Telephone (include area code)		<u>Ethnic Group</u> White
County of Residence		<u>Officer</u> _____ Chairperson Yes
Occupation		<u>Hispanic or Latino (of any race)</u>
Term Partial Term		<u>Representation: select all that apply:</u>
Year Term Expires 2008		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Form 2

Community Board Resources

a. Please provide the name, address, phone number, and email of the Board's Forensic Monitor:

Name	Street Address	City	Zip	Phone Number	Email
Hattie Kramer	2233 Rocy Lane	Ashland	44805	419-281-3716	hattie@appleseedcmhc.org

b. Please provide the name, address, phone number, and email of the Board's Community Linkage Contact:

Name	Street Address	City	Zip	Phone Number	Email
David C. Ross	1605 County Road 1095	Ashland	44805	419-281-3139	dross@ashlandmhrb.org

c. Please provide the name, address, phone number, and email of the Board's Client Rights Officer:

Name	Street Address	City	Zip	Phone Number	Email
David C. Ross	1605 County Road 1095	Ashland	44805	419-281-3139	dross@ashlandmhrb.org

Form 3

Planned State Inpatient Bed Days

BOARD NAME Mental Health and Recovery Board of Ashland County	
2009 Planned Use of State Inpatient Days	
Heartland	550
Northcoast-Toledo	
Northcoast-Toledo	
Northcoast-Toledo	
Total Inpatient Days	550

Signed _____
Board Executive Director

I anticipate contracts for CSN services to some degree.

- Yes
 No

Form 4

Notification of Election of Distribution – SFY 2009

The Mental Health and Recovery Board of Ashland County (Board) has passed a resolution making the following:

- The Board plans to elect distribution of 408 funds.
- The Board plans not to elect distribution of 408 funds

Signed:

Steven G. Stone (Name)
Executive Director
Mental Health and Recovery Board of Ashland County (Board)

Date: March 26, 2008